This Volume of the ED COVID-19 Handbook is based on the most recent Centers for Disease Control (CDC) Guidance issued as of June 4, 2021. For the most recent CDC guidance issued after the release of this Volume – and how to consider the strategies included in this Volume within the context of the most up to date CDC guidance – please visit: https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html
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Every student in America deserves a high-quality education in a safe environment.

EXECUTIVE ORDER 14000
SUPPORTING THE REOPENING AND CONTINUING OPERATION OF SCHOOLS AND EARLY CHILDHOOD EDUCATION PROVIDERS

President Biden is committed to seeking and providing the necessary resources to support the safe operation of institutions of higher education (IHEs) and addressing the ongoing impacts resulting from the COVID-19 pandemic on higher education students, adult education students, faculty, and staff. As stated in Executive Order 14000 (hereinafter referred to as Executive Order), Supporting the Reopening and Continuing Operation of Schools and Early Childhood Education Providers, every student in America deserves a high-quality education in a safe environment. The Biden-Harris Administration strongly believes that increasing capacity for safe in-person learning as soon as possible is essential for students seeking to learn in such a setting. Further, the Administration recognizes the unique challenges faced by IHEs, students, faculty, and staff during these unprecedented times and strives to provide resources and other supports to overcome these challenges. This includes the historic funding provided to IHEs under the American Rescue Plan (ARP).

All students, but particularly those in underserved communities, including students from low-income backgrounds, students of color, and students with disabilities, have faced numerous adversities surrounding their postsecondary educational experiences since March 2020, in addition to the direct health impacts from the virus itself. Disparities across communities have been exacerbated and further exposed by the COVID-19 pandemic, and these disparities have shown that some underserved students are less likely to have access to internet services, technological devices, and supports required to participate in remote or hybrid learning, while other students may be enrolled in programs of study for which this option is not feasible. Meanwhile, due to ongoing financial distress or uncertainty, students and families may not have the ability to afford other associated costs of attendance including basic needs such as housing, food, child care, and health insurance. Further, students across higher education may be experiencing ongoing trauma associated with the COVID-19 pandemic including job loss, heightened stress from being an essential worker, full time caretaking of family members, losing loved ones, racial injustice, discrimination experienced by students with disabilities, or experiencing other mental health impacts. Unfortunately, the underlying data confirm that these realities have taken a toll on postsecondary education enrollments, particularly among American Indian or Alaska Native, Black, and Latino (or Hispanic) students, as college-going rates continue to drastically fall.1 Similarly, IHEs have undertaken significant

Disparities across communities have been exacerbated and further exposed by the COVID-19 pandemic.
operational changes and borne great financial costs to continue supporting students amidst rapidly changing health and economic conditions. For example, effectuating a rapid transition to remote learning beginning last spring was a historic undertaking that continues to evolve today. While online learning has been a well-established modality for some programs at IHEs, this was not the primary mode of educational delivery for many IHEs. This transition required additional financial resources, increased and enhanced technology, and rapid cycles of learning and adaptation for students, faculty, and staff. IHEs have also undertaken changes to their physical infrastructure to facilitate social distancing and implement enhanced mitigation protocols and testing regimes. Throughout the COVID-19 pandemic, faculty and staff have been on the front lines of these changes and have done so in the face of physical, mental, and emotional exhaustion, risk of exposure to COVID-19, wage cuts, job loss, loss of child care, and expanded responsibilities including for their own children’s in-home schooling.

These themes have repeatedly surfaced through the U.S. Department of Education’s (Department’s) engagement with various higher education, career and technical education (CTE), and adult education partners pursuant to the Executive Order. Based on feedback across 15 listening sessions with institutions, students, and 40 key stakeholder organizations, Volume 3 of the Department’s COVID-19 Handbook (Handbook) was developed with the express intent of providing initial answers to some of the most pressing questions for colleges, students, and families facing these challenges. The Handbook shares implementation stories and relevant information from the field. In doing so, the Administration recognizes the diversity of our Nation’s postsecondary students, ranging from the full-time, on-campus recent high school graduate, to the returning student seeking re-training through online, part-time programming while balancing work and family, to the immigrant seeking English language skills, civics education, job training, and a high school equivalency with postsecondary on-ramps.

Additionally, the Administration recognizes the considerable diversity of IHEs seeking to serve the spectrum of students across higher education. This document is intended to be used as an informational resource, with the understanding that described practices may not be universally applicable, feasible, or responsive to the particular circumstances of an institution’s student body, mission, geography, or surrounding community. The Department understands that a one-size-fits-all approach will not work in responding to and recovering from the COVID-19 pandemic and therefore trusts IHEs will continue to make responsible decisions in the best interests of their respective student populations and their communities. The Department will support IHEs in their efforts and effective use of funding through the Higher Education Emergency Relief Fund (HEERF), which has made approximately $76 billion available to IHEs through three relief bills.

In Volume 3 of this Handbook, a series to support the safe reopening and operation of K-12 schools and IHEs, the Department will address several priority areas of interest to the higher education community with an eye towards both a response and a recovery that leaves our Nation’s students and IHEs stronger than before the COVID-19 pandemic began. These priorities include:

- Practices to aid IHEs in implementing the Centers for Disease Control and Prevention (CDC) Guidance for Institutions of Higher Education (IHEs) and resources by identifying common prevention strategies and providing examples of actions IHEs can take with HEERF grant funding;
- Institutional responses to ongoing challenges and potentially lasting impacts on underserved populations, including the transition to online learning and the provision of basic needs;
- Ways in which IHEs have already been and can continue to be sources of support to their communities’ ongoing response and recovery from the pandemic;
- A catalog of the resources and administrative flexibilities offered to IHEs as they address rapidly changing conditions and needs on the ground, including resources that support both students and IHEs under the ARP.

Other than statutory and regulatory requirements referenced in the document, the contents of this volume do not have the force or effect of law and are not meant to bind the public. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

In addition to Volume 3, the Department continues to provide resources on specific strategies to address the extraordinary disruption and impacts created by COVID-19 for students, faculty, staff, and surrounding communities—especially for underserved students and communities that preliminary data suggest have been hit hardest by the COVID-19 pandemic. This includes recently launching the Safer Schools and Campuses Best Practices Clearinghouse, which highlights lessons learned and best practices that can help IHEs identify opportunities to best use ARP funds to support students, faculty, and staff during the COVID-19 pandemic and as they start on the journey ahead to reengage with students who have temporarily opted out of postsecondary education. IHEs can send examples of lessons learned and best practices to Bestpracticesclearinghouse@ed.gov.

The Department continues to provide resources on specific strategies to address the extraordinary disruption and impacts created by COVID-19 for students, faculty, staff, and surrounding communities—especially for underserved students and communities that preliminary data suggest have been hit hardest by the COVID-19 pandemic.
CIVIL RIGHTS REQUIREMENTS

IHEs have important responsibilities under federal civil rights laws that reinforce efforts to advance equity, including obligations not to discriminate based on race, color, national origin, sex, and disability. Below are brief summaries of some of these laws. For more information, please see the Department’s Office for Civil Rights website.

Race, Color, National Origin: Title VI of the Civil Rights Act of 1964 (Title VI) is a federal civil rights law that prohibits IHEs and other entities receiving federal financial assistance from discriminating based on race, color, or national origin in connection with any of their programs or activities. This includes academic offerings, other educational programming, and extracurricular activities, including athletics. ²

Sex: Title IX of the Education Amendments of 1972 (Title IX) prohibits sex discrimination, including sexual harassment, by IHEs that are recipients of federal financial assistance.³ Some key issue areas in which recipients have Title IX obligations are: recruitment, admissions, and counseling; financial assistance; athletics; sex-based harassment, which encompasses sexual assault and other forms of sexual violence and harassment of lesbian, gay, bisexual, transgender, and queer (LGBTQ+) students; treatment of pregnant and parenting students; discipline; single-sex education; and employment.

Disability: Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 (ADA), as applicable, require IHEs to provide academic adjustments, auxiliary aids and services, and reasonable modifications to policies, practices, and procedures where necessary to enable students with disabilities to have an equal opportunity to participate.⁴ Under these laws, IHEs are not required to provide a modification, academic adjustment, or auxiliary aid or service where doing so would impose an undue burden or cause a fundamental alteration to the IHEs’ services, programs, or activities. Please note that the two statutes have different scopes: Section 504 prohibits discrimination on the basis of disability by recipients of federal financial assistance; Title II of the ADA prohibits discrimination on the basis of disability by state and local government entities, including public postsecondary institutions. For more information on these laws, visit www.ed.gov/ocr. For more information about Title II and Title III of the ADA, visit www.ada.gov.

The Higher Education Emergency Relief Fund (HEERF) has made approximately $76 billion available to IHEs through three relief bills.

¹ 42 U.S.C. 2000d; 34 CFR Part 100 (Title VI). ² 20 U.S.C. 1681–1688; 34 CFR Part 106 (Title IX). ³ 29 U.S.C. 794; 34 CFR Part 104 (Section 504); 42 U.S.C. 12131–12134; 28 CFR Part 35 (Title II of the ADA). This document references obligations and the regulations under Title II of the ADA at 28 CFR Part 35, which are under the jurisdiction of the Department of Justice. Title III of the ADA applies to certain private, postsecondary institutions. The Department of Education plays no role in enforcing Title III; for more information please contact the Department of Justice.
Legal Disclaimer

This document contains resources that are provided for the user’s convenience. The inclusion of these materials is not intended to reflect their importance, nor is it intended to endorse any views expressed, or products or services offered. These materials may contain the views and recommendations of various subject-matter experts as well as hypertext links, contact addresses and websites to information created and maintained by other public and private organizations. The opinions expressed in any of these materials do not necessarily reflect the positions or policies of ED. ED does not control or guarantee the accuracy, relevance, timeliness, or completeness of any outside information included in these materials. For the reader’s convenience, this posting contains examples of potentially useful products, including applications, as well as methodologies utilized by IHEs, states, and localities. Inclusion of such information does not constitute an endorsement by ED or a preference for these examples as compared with others that might be available and be presented. Additionally, this discussion should not imply an endorsement of any organization, curriculum, or learning model.
SAFE PRACTICES FOR IN-PERSON LEARNING

Over a year into the COVID-19 pandemic, increasing institutional capacity to safely operate with in-person learning is more critical than ever to support high-quality learning and postsecondary experiences for students while maintaining institutional stability. Although the extent of in-person learning and on-campus residential living has varied, IHEs across the country invested substantial financial and staff resources to continue to provide high-quality and equitable education safely during a global pandemic with constantly shifting challenges.

More effective prevention strategies are available now than before the previous school year. Testing is also more accessible. Vaccinations, the leading prevention strategy to protect individuals from COVID-19 and help end the COVID-19 pandemic, are now widely available at no cost to people living in the United States. In light of these changing dynamics, CDC has updated its guidance for IHEs, supplementing previous resources, including recent testing guidance specifically for IHEs. The updated guidance reflects recent updates regarding fully vaccinated individuals and distinguishes between IHEs where everyone is fully vaccinated and IHEs that have a mix of students, faculty, and staff who are fully vaccinated and not fully vaccinated. As we continue to learn more, CDC will continue to update their guidance. IHEs can visit CDC’s landing page for colleges and universities for the most up-to-date guidance on safe operations.

IHEs can also continue to learn from each other. The Department has published a request for IHEs (and other educational partners) to submit lessons learned and examples of best practices for operating safely during COVID-19 in order to assist ED in establishing a Safer Schools and Campuses Best Practices Clearinghouse. ED strongly encourages IHEs to respond to this request so that examples of the great work IHEs have undertaken can be highlighted and disseminated more broadly.

In addition, the American College Health Association (ACHA), in partnership with CDC, established the Higher Education COVID-19 Community of Practice (HECCOP) to bring together people from all areas of campuses to talk about strategies to reduce the spread of COVID-19. Through peer-to-peer collaboration, discussion, and information sharing, HECCOP helps its members build knowledge, develop expertise, and solve problems aimed at reducing SARS-CoV-2. HECCOP recently published a list of examples of innovative practices designed to foster a campus culture that promotes safe behaviors.

See CDC’s definitions of “fully vaccinated campus” and “mixed campus” at: https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html.
KEY CDC PREVENTION STRATEGIES

The following identifies key prevention strategies and highlights how HEERF grants can be used to support implementation of these strategies. IHEs should carefully review the CDC guidance for information on the range of prevention strategies most applicable to their situation, based on whether they will have fully vaccinated campuses or not. Given the rapidly evolving nature of this pandemic, IHEs should continue to closely follow CDC and their state and local public health departments for the most up-to-date information about COVID-19.

To maintain safe operations for in-person learning, IHEs should consistently implement and layer multiple prevention strategies. This begins with developing, reviewing, and updating Emergency Operations Plans (EOPs) in collaboration with public health authorities, students, faculty and staff, IHE-based health center personnel, and other key partners. The EOPs should be updated to include key considerations related to COVID-19, including the institution’s plan for monitoring community transmission, developing the criteria the institution will use to determine when a change in operations is warranted, and describing the institution’s implementation of prevention strategies to reduce transmission on campuses. IHEs should post publicly the details of the EOPs that students, employees, and the broader community need to understand the risks in their community and the safety protocols with which they must comply. The Readiness and Emergency Management for Schools (REMS) Technical Assistance Center has developed a web toolkit on emergency management for IHEs and state higher education agencies. A key component of the toolkit is to assist IHEs in developing high-quality EOPs.

IHEs should be sure to review the CDC’s Guidance for IHEs for the most recent information regarding COVID-19 prevention strategies. According to the updated guidance, IHEs where everyone is fully vaccinated can return to full capacity in-person learning without requiring or recommending masking, physical distancing, or screening testing, but should continue implementing other prevention strategies. IHEs where not everyone is fully vaccinated should implement and layer evidence-based prevention strategies, including offering and promoting COVID-19 vaccination.

- Offering and Promoting COVID-19 Vaccination
- Consistent and Correct Use of Masks
- Physical Distancing
- Handwashing and Respiratory Etiquette
- Maintaining Healthy Environments (improved ventilation and routine cleaning)
- Testing for COVID-19
- Contact Tracing in Combination with Isolation and Quarantine
- Maintaining Healthy Operations (communications, supportive policies, and health equity)

The following describes how IHEs can support the successful implementation of these prevention strategies, including with their HEERF grant funding. Section 2003(5)(A) of the ARP requires IHEs to use a portion of funding that is not reserved for student grants to “implement evidence-based practices to monitor and suppress coronavirus in accordance with public health guidelines.” IHEs can review the practices below, along with those described in Section D of the HEERF III FAQs to identify strategies that meet this standard.

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Note: except where required by federal, state, local, tribal, or territorial laws, rules and regulations, including local business and workplace guidance.
1. Offering and Promoting COVID-19 Vaccination

COVID-19 vaccination is the leading prevention strategy IHEs can use to return to normal operations. COVID-19 vaccines have been proven safe and effective in clinical trials and in real-world conditions. Fully vaccinated people are at low risk of symptomatic or severe infection, and a growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection or transmit the virus that causes COVID-19 to others. Detailed information on the effectiveness of the COVID-19 vaccines is available in this CDC Science Brief. IHEs with fully vaccinated students, faculty, and staff can refer to CDC’s Interim Public Health Recommendations for Fully Vaccinated People.

One way IHEs can facilitate high levels of vaccination on campuses is by providing safe on-site vaccination to their communities. IHEs often have space available in large open areas such as parking lots and athletic fields that are ideal for large vaccination campaigns. Many IHEs, particularly community colleges, Historically Black Colleges and Universities (HBCUs), Tribally Controlled Colleges and Universities (TCCUs), and minority serving institutions (MSIs) such as Hispanic-serving institutions (HSIs) and Asian American and Native American Pacific Islander-serving institutions (AANAPISIs) have deep connections to their communities and can leverage these connections to ensure equitable distribution of vaccines. They can also play a key role in providing accurate information on the safety and effectiveness of the vaccine and build vaccine confidence by acknowledging and addressing their communities’ concerns. Indeed, many IHEs are already actively assisting in this communication effort.

Depending on their academic programs, IHEs may also have access to health practitioners who can help administer vaccines. On May 11, 2021, the President announced a new initiative to establish on-site vaccination clinics through partnerships between community colleges and pharmacies. Building on that effort, on June 3, 2021 the White House and the Department announced the COVID-19 College Vaccine Challenge, an invitation to IHEs across the country to commit to taking key action steps to boost vaccination rates at college communities throughout the country and help end the pandemic.

IHEs can consider verifying the vaccination status of their students, faculty, and staff. Administrators can determine vaccine record verification protocols, in accordance with state and local laws. For more information, IHEs should review CDC’s COVID-19 Vaccination Toolkit for IHEs.

HEERF: With the HEERF grant funding provided for institutional uses,7 IHEs can boost vaccination rates on campus by covering the cost of:

- Establishing vaccination sites on campus;
- Providing paid time off for faculty or staff to get the vaccine;
- Offering counseling for students, faculty, and staff who are hesitant to get the vaccine;
- Conducting educational messaging campaigns to build vaccine confidence among students, faculty, or staff, including in other languages commonly spoken by these individuals.

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7 That is, funding that is not allocated for emergency grants to students under Assistance Listing Numbers (ALN) 84.425E, 84.425Q, and certain absolute priorities under 84.425S.
2. Consistent and Correct Use of Masks

Another key prevention strategy is to encourage the consistent and correct use of masks. One analysis found that statewide mask mandates were associated with a 5.6% decline in COVID-19 related hospitalizations of individuals between the ages of 18 and 64 years.\(^8\) Additional research on the effectiveness of mask use in reducing transmission of SARS-CoV-2 is available in this CDC Science Brief.

When people who are not fully vaccinated correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained. Administrators should encourage people who are not fully vaccinated to wear a mask consistently and correctly.

Although masks do not need to be worn by fully vaccinated persons, IHEs can be supportive of students, faculty, and staff who choose to wear a mask for any reason, whether as a personal choice or because they have or a loved one has a medical condition that may increase their risk. In areas with substantial to high transmission, IHEs with mixed populations of people who are vaccinated and unvaccinated may consider requiring mask use by all people present on campus, including vaccinated students, faculty, staff, and visitors.

In general, **masks should have two or more layers** of washable, breathable fabric covering both the mouth and nose (with a nose wire to prevent air from escaping out of the top of the mask) **without any open gaps**. IHEs can maximize mask compliance by ensuring that masks are made available to all students, faculty, and staff. A study by CDC’s National Institute for Occupational Safety and Health found that employees were **twice as likely** to use masks and personal protective equipment (PPE) when it was provided by the employer.\(^9\)

The narrow set of individuals who cannot safely wear masks due to a disability or workplace safety issue should not be required to wear a mask. However, a student with a disability who cannot safely wear a mask and who is not fully vaccinated might still be able to attend school safely if other prevention strategies are followed, including, for example, physical distancing and masking for individuals who are not fully vaccinated but work or learn alongside the individual with a disability. In these instances, instructors and school administrators must keep in mind their responsibilities and obligations under federal disability rights laws and should also consider some of the **adaptations and alternatives** recommended by CDC.

Masks make it more difficult for individuals who are deaf and hard of hearing both to understand speech and to understand sign language because they obscure the lips and part of the face. In order to maintain a safe environment that meets the communication needs of students who are deaf or

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hard of hearing, IHEs must ensure that communications with people with disabilities are as effective as communications with others. This includes providing auxiliary aids and services where necessary to afford individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of, an IHE’s service, program, or activity. In determining what types of auxiliary aids and services are necessary, an IHE must give primary consideration to the requests of individuals with disabilities. For example, it might be effective to have the instructors and staff in the individual’s class wear a clear mask or a cloth mask with a clear panel. If no such mask is available, instructors should consider alternatives such as written communication or closed captioning. CDC does not recommend the use of face shields as a substitute for masks because of concerns about their efficacy.\textsuperscript{10}

**HEERF:** With the HEERF grant funding provided for institutional uses, IHEs can provide masks or PPE to faculty, staff, and students. IHEs could also pay for costs associated with mask campaigns designed to increase mask use on campuses. The [HEERF ARP FAQs](https://www.whitehouse.gov/coronavirus-response/management/types-aid/heerf-arp-faqs/) provides more information on required and allowable uses of funds. IHEs should also note the Federal Emergency Management Agency (FEMA) has announced that public assistance applicants, including IHEs, can seek [FEMA reimbursement](https://www.fema.gov/safe-reopening) for safe reopening activities such as the provision of masks and PPE.

### 3. Physical Distancing

**Physical distancing** means keeping space of at least 6 feet (about 2 arm lengths) between people who are not from your household in both indoor and outdoor spaces. IHEs where everyone is fully vaccinated prior to the start of the semester can return to in-person learning without physical distancing. But IHEs without a fully vaccinated campus will have mixed populations of vaccinated and unvaccinated students, so people who are not fully vaccinated should continue to practice physical distancing. Operationally, **IHEs with mixed populations of students could implement the following approaches to modify their classroom layouts but must ensure physical accessibility for individuals with disabilities:**

- Use outdoor spaces to hold classes when weather permits and as class content allows;
- Space seating/desks and CTE equipment/labs at least 6 feet apart. For lecture halls, tape off seats and rows to ensure at least 6 feet of distance between seats;
- Host classes in larger rooms to allow for physical distancing;
- Turn desks to face the same direction (rather than facing each other), or have students sit spaced at least 6 feet apart on only one side of tables; and
- Provide physical guides (such as tape on floors or sidewalks and signs on walls) to ensure that people remain at least 6 feet apart and/or to create “one-way routes” in hallways.\textsuperscript{11}

IHEs with mixed populations could also explore scheduling changes to minimize foot traffic in and around classrooms, such as offering more sections of courses (e.g., offering additional sections in


\textsuperscript{11} IHEs should be mindful of their obligation to ensure equal access to individuals who are blind or have low vision in the use of signage and should consider additional ways of providing this information, such as adding braille to signs or providing a tour to describe the physical guides to the individual. 42 U.S.C. 12132; 42 U.S.C. 12182; 29 U.S.C. 794.
the evenings or on weekends) or adjusting class start and end times so students arrive and depart at staggered times.

These IHEs should take some of the same approaches with other public spaces such as dining halls, student centers, or libraries. IHEs should try to conduct gatherings, events, and activities virtually. IHEs should strongly discourage large in-person events and gatherings, including off campus.

A key challenge IHEs face is how to maintain physical distancing in communal living settings. CDC has provided resources in its Guidance for Shared or Congregate Housing and in its updated guidance to IHEs.

**HEERF:** With the HEERF grant funding provided for institutional uses, IHEs can conduct activities (such as those described above) to modify classrooms to make them safer for in-person learning. IHEs can use [HEERF grants](#) to pay for costs associated with implementing physical distancing guidelines on campus. IHEs may also seek [FEMA reimbursement](#) for some activities associated with physical distancing.

### 4. Handwashing and Respiratory Etiquette

According to CDC, IHEs should facilitate health-promoting behaviors such as hand-washing and respiratory etiquette to reduce the spread of respiratory illnesses, including COVID-19. For example, IHEs could ensure that sink functionality, along with ample supplies of hand soap, tissues, and other essentials for proper hand hygiene and respiratory etiquette, are maintained throughout the campus. IHEs should ensure that where handwashing is not possible, hand sanitizer that contains at least 60% alcohol is widely available, as recommended by the CDC.

**HEERF:** With the HEERF grant funding provided for institutional uses, IHEs can support clean and sanitary campus environments by purchasing hand sanitizer and handwashing stations that can be placed throughout the campus.

### 5. Cleaning and Maintaining Healthy Facilities

In combination with efforts to promote behaviors that reduce transmission, IHEs should consider improvements they can make to facilities, including plans for routine cleaning and measures to increase and improve ventilation.

**Cleaning:** IHEs should [develop routine cleaning plans](#) that prioritize cleaning high-touch surfaces and areas that are used most frequently and those that entail intensive hands-on engagement with equipment, such as in CTE or STEM labs. IHEs should provide individuals responsible for the cleaning and disinfection of facilities with the appropriate PPE and access to the information they need to know from these plans in a language they understand.

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12 See Question #23 of the [HEERF ARP FAQs](#) for information on unallowable uses of HEERF grant funding.
**Ventilation:** Since the virus spreads more readily between people indoors than outdoors, improving air flow to reduce the concentration of viral particles can help reduce risk in indoor environments. CDC recommends a wide array of strategies to improve ventilation in buildings, ranging from opening windows and doors and using fans to installing high efficiency particulate air (HEPA) fan/filtration systems. More information is available on CDC’s [Ventilation in Buildings](https://www.cdc.gov/coronavirus/2019-ncov/community/buildings.html) page.

**HEERF:** With the HEERF grant funding provided for institutional uses, IHEs can make updates to ventilation systems to improve the safety of classroom buildings and support in-person learning. This includes both new costs as well as defraying prior expenses incurred. For example, colleges could use their [HEERF grants](https://www2.ed.gov/about/offices/list/ope/arpfaq.pdf) to improve HVAC systems in campus buildings or to set up temporary tents designed to support outdoor instruction. IHEs may also seek [FEMA reimbursement](https://www.fema.gov/reimbursement) for some activities associated with cleaning and disinfection of certain campus facilities.

### 6. Testing for COVID-19

**Testing:** People who are fully vaccinated do not need to undergo screening testing. If a fully vaccinated person is exposed to someone with COVID-19, they do not need to be tested if they do not develop any symptoms. If they experience any COVID-19 signs or symptoms, they should get a COVID-19 test. IHEs with fully vaccinated campuses do not need to conduct screening testing. Among IHEs with mixed populations of individuals who are fully vaccinated and those who are not, individuals who are fully vaccinated can be exempted from screening testing.

**Diagnostic Testing:** All IHEs should have a plan to isolate and test symptomatic individuals. IHEs operating with students in residence should make space available for COVID-19 positive individuals to [isolate](https://www.cdc.gov/coronavirus/2019-ncov/prepare/healthcare-systems.html).

**Screening Testing:** According to recent research, about half of transmission may be attributable to asymptomatic individuals. Yet, a recent CDC analysis of spring 2021 testing protocols at over 1,800 public and private non-profit 4-year IHEs found that slightly over half did not publish a testing protocol that provided for screening testing of asymptomatic individuals. Furthermore, a National Institutes of Health-funded study estimates that 96% of infections could be prevented on campuses with routine testing. Accordingly, CDC recommends IHEs with mixed populations of individuals who are fully vaccinated and those who are not, should:

Implement entry screening testing at the beginning of the term. Individuals given the entry test should be required to receive a negative result prior to accessing campus; and Given sufficient capacity, provide serial screening testing for asymptomatic and unvaccinated individuals

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13 See FAQs #23 and 24 at: [https://www2.ed.gov/about/offices/list/ope/arpfaq.pdf](https://www2.ed.gov/about/offices/list/ope/arpfaq.pdf).


15 CDC, (2021, April 9). COVID-19 Stats: College and University COVID-19 Student Testing Protocols, by Mode of Instruction (N = 1,849) — United States, Spring 2021. MMWR Morb Mortal Wkly Rep 2021;70:535. DOI: [http://dx.doi.org/10.15585/mmwr.mm7014a5](http://dx.doi.org/10.15585/mmwr.mm7014a5).


17 Screening testing is intended to identify infected individuals without symptoms (or prior to development of symptoms) who may be contagious so that measures can be taken to prevent further transmission.
without COVID exposure to reduce transmission. CDC notes that such a strategy is particularly recommended if community transmission is **moderate** (10-49 new cases per 100,000 persons or a nucleic acid amplification test [NAAT]\(^{18}\) positivity rate of 5-7.9% or higher in the last 7 days) or higher. At **substantial** levels of transmission (50-99 new cases per 100,000 persons or 8-9.9% NAAT positivity in the last 7 days) or **high** levels of transmission (100 or more new cases per 100,000 persons or 10% or above positivity rate in the last 7 days), IHEs should implement serial testing at least 2 days a week. At moderate levels, IHEs should test at least once a week. County level data are available on the CDC website.

IHEs where everyone is fully vaccinated do not need to implement screening testing. Consistent with CDC’s Interim Public Health Recommendations for Fully Vaccinated People, fully vaccinated people at IHEs with mixed populations of individuals who are fully vaccinated and individuals who are not fully vaccinated do not need to participate in entry or serial screening testing.

Schools without the capacity to implement universal serial testing can still reduce transmission by testing a random sample of students, faculty, and staff. Alternatively, IHEs can implement **pooled testing**, in which the test is conducted on the combination of samples from multiple individuals.

**Symptom Screening:** For all IHEs, regardless of vaccination status, one approach to identifying persons with the virus before they can transmit it is to encourage students, faculty, and staff to perform daily health screenings for infectious diseases, including COVID-19, and to stay home or seek medical care if any symptoms are identified. CDC’s [COVID-19 self-checker tool](https://www.cdc.gov/coronavirus/2019-ncov pre-symptomatic.html) can be used for self-symptom screening. It is important to recognize the limitations of symptom screening, such as underreporting of symptoms, as well as the fact that **asymptomatic and pre-symptomatic individuals can carry and transmit SARS-CoV-2**.

**HEERF:** With HEERF grant funding provided for institutional uses, IHEs can undertake the following activities related to symptom screening and testing (note that this list is not exhaustive):

- Implementing a symptom screening system;
- Implementing a diagnostic or screening testing strategy, such as setting up a testing site, purchasing tests, or hiring additional personnel to administer tests;

IHEs may also seek [FEMA reimbursement](https://www.fema.gov) for some activities related to COVID diagnostic testing.

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\(^{18}\) NAATs are tests that identify the presence of the virus’ genetic material. These tests are more accurate than antigen tests, which detect viral proteins. They are also distinct from antibody tests, which detect the body’s response to past infections.
7. Contact Tracing in Combination with Isolation and Quarantine

Prompt collaboration between IHEs and health departments in the implementation of case investigation and contact tracing can effectively break the chain of transmission and prevent further spread of the virus in the IHE setting and the surrounding community. All COVID-19 case investigation and contact tracing should be done in coordination with state, local, tribal, and territorial public health authorities and in accordance with local requirements and guidance. IHEs should continue to support case investigation and contact tracing detailed in CDC’s Guidance for Case Investigation and Contact Tracing in IHEs. Fully vaccinated people with no COVID-like symptoms do not need to quarantine or be restricted from work following an exposure to someone with suspected or confirmed COVID-19.

IHEs should arrange transportation and testing for individuals who need to isolate or quarantine. IHEs should also provide housing for symptomatic students to isolate and for their close contacts to quarantine. IHEs should have a plan to ensure that isolated/quarantined students can participate in remote learning, or if their symptoms prevent such participation, that they can access academic support services such as tutoring and advising to assist in the transition to remote learning. IHEs should also develop a plan to meet these students’ other basic needs and provide access to mental health support.

IHEs should also ensure that faculty and staff have flexible work arrangements (if able to work) and sick leave (if unable to work).

**HEERF:** With HEERF grant funding provided for institutional uses, IHEs can undertake the following activities related to testing, contact tracing, isolation, and quarantine (note that this list is not exhaustive):

- Hiring personnel to support contact tracing efforts in collaboration with local public health authorities;
- Procuring additional space both on or off campus to house students and funding other costs associated with meeting the basic needs of students in isolation and quarantine;
- Providing academic support and mental health services for students in isolation or quarantine;
- Providing food delivery for students who are in isolation or quarantine; and
- Providing sick leave to employees who need to isolate or quarantine.

IHEs may also seek FEMA reimbursement for some activities related to COVID diagnostic testing.
OVERVIEW OF CHALLENGES FACING INSTRUCTORS AND STUDENTS

To best understand the challenges IHEs have faced in navigating the shift to online learning, it is important to consider the state of digital learning before the COVID-19 pandemic. Nearly half of faculty had not taught online and many saw online teaching as less effective for student outcomes compared to in-person learning.19

While the conditions have since improved, several surveys conducted during the spring 2020 semester indicated widespread dissatisfaction among students with the remote learning experience they received.20 A survey conducted 10 months into the COVID-19 pandemic identifies various potential contributors to this dissatisfaction. Half of respondents said they had to make purchases (e.g., computer, microphone, desks) to be able to learn online, with 70% of those respondents noting that these purchases came at a “significant cost.” Nearly 60% of learners noted “having access to stable, high-speed internet access” as a challenge and 79% of respondents noted concerns about mental health.21 An Inside Higher Ed survey yields insight into one of the factors that may contribute to challenges in delivering an online course effectively—course design.22 In order to ensure a consistent and engaging online learning experience from both the educator’s and learner’s perspective, IHEs should consider bringing on instructional designers and technologists to collaborate with faculty on the design and delivery of courses.

For skills-based courses that require more hands on instruction such as welding or automotive classes, institutions have had to adapt to offer immersive labs online or utilize physical distancing to allow students to attend in person safely.23 For example, a public community college in Wyoming

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continued offering its welding lab in person. The welding lab already comprised individual bays that facilitate physical distancing. One of these bays is now equipped with a heat-resistant camera that shows the weld and another camera above the bay that shows the student’s positioning. These cameras are linked to a large screen for the instructor to see, assess, and correct both the weld and the student’s physical movements. The college also accelerated its planned transition to a dual delivery model in some programs, offering two versions of the same course, one entirely online and one entirely in person. This allows for physical distancing in the in-person course and, if learners need to quarantine or receive an accommodation to learn remotely due to a disability, they can switch seamlessly to the online version. Similarly, if a student is struggling in the online course, a switch to in-person learning can be made.

Despite challenges in getting remote learning up and running for students and faculty at some IHEs, the necessity of the shift helped many students and faculty adapt to digital learning platforms. Surveys conducted in May and August 2020 by Tyton Partners and Every Learner Everywhere reveal changing perceptions of digital learning among both tenure and non-tenure track faculty. When polled in May of 2020, 39% of instructors agreed with the statement, “online learning is an effective method for teaching,” and 31% disagreed. When the question was asked again in August 2020, 49% agreed and only 21% disagreed, showing a shift in perceptions.

Despite the gains in perceived effectiveness of online learning, student engagement still presents a challenge. Overwhelmingly, a lack of engagement and interactivity has been identified as a particularly complex challenge in online and digital learning in higher education. In fact, when polled on planning for fall 2020, 71% of faculty listed “increasing student engagement” as their top priority.

In addition to uneven perceptions of online learning, faculty also faced challenges related to device access. An early 2020 Educause survey of faculty found that although a majority of faculty had access to a personal device, a large percentage of faculty did not have access to an IHE-provided laptop (45%) or desktop (40%). Without access to uniform technology, it is difficult to deliver effective, consistent online learning. Additionally, professional development and training can make a significant difference. Many IHEs offered professional development and training to staff related to digital learning when the COVID-19 pandemic began. IHEs should continue to offer this training post-COVID-19 pandemic to ensure faculty are continually up to speed on new developments and to strengthen their practice.

71% of faculty listed “increasing student engagement” as their top priority.

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24 May 2020 survey n=4,798, August 2020 survey n=3,569).
EQUITY GAPS IN ONLINE LEARNING

Similar to K-12 learners, students enrolled in higher education continue to face challenges related to balancing “coursework with home and family responsibilities, managing student mental health and wellness, ensuring reliable internet access, and managing financial stress in light of COVID-19.” These challenges disproportionately impact learners from underserved communities and are compounded for those who do not have access to technology or do not have the digital literacy and foundational literacy skills to effectively engage remotely in education.30 In addition, students with disabilities may have additional needs that would facilitate their participation in online learning. In addition to the complexities facing underserved communities, there is also evidence that the shift to online learning has been accompanied by significant shifts in the educational plans of American Indian or Alaska Native, Black, and Latino (or Hispanic) students. According to a nationally representative 2020 Strada and Gallup poll of more than 10,000 respondents, Black and Latino (or Hispanic) Americans reported higher rates of canceling or changing educational plans due to COVID-19.31 Tribal colleges and universities experienced an average decrease in student enrollment of 19% during the COVID-19 pandemic.32 A March 2021 profile on the California State University system illustrated this persistent gap. S. Terri Gomez, Associate Provost for Student Success, Equity and Innovation at Cal Poly Pomona notes, “We are seeing a disparate impact on students of color...a widening of equity gaps.”33 The shift to online learning also presented unique challenges for students with disabilities, who reported experiencing difficulties when accessing online learning platforms and communicating with their instructors.34

It is imperative that IHEs create and implement equity-driven strategies to respond to COVID-19 and mitigate the disparate impacts of the move to online learning. Below are several potential steps IHEs can take, along with information and resources that may be helpful as IHEs explore how to close access gaps for their students and support the effective use of technology in online teaching and learning. For many of the recommendations below, HEERF funds can be used to implement the solution. For more information on uses of HEERF funds please see the FAQs found at this link.
1. Invest in professional development opportunities focused on digital learning.

Though many IHEs are working to safely bring students back to in-person learning, the need for high-quality online options is here to stay. Given this reality, it is essential that IHEs invest in professional learning opportunities tailored to the digital context. To prepare for Fall 2021, these opportunities should target areas of known challenge, like student engagement, that have emerged as an urgent priority in COVID-19. In addition to such targeted topics, **IHEs should also consider investing in longer-term professional learning endeavors that look to holistically improve the digital learning experience.** IHEs should consider who within their community is best equipped to support this professional learning, drawing on expertise from instructional designers, learning engineers, researchers, institutional data analysts, technologists, and students. IHE leadership should actively encourage these constituencies to collaborate with faculty and instructors to design experiences that center student engagement and leverage evidence-based practices on how students learn in remote, technology-driven contexts.

**IHEs should also consider investing in longer-term professional learning endeavors that look to holistically improve the digital learning experience.**

**Resources to support these efforts:**
- **Online Learning Consortium** provides a playbook for transitioning classes online.
- **Instructional Design Emergency Response Network** provides a hub for tapping the expertise of instructional designers.
- **Every Learner Everywhere Network**
  - **Expert Network** provides free 1:1 coaching for digital learning in higher education.
  - **Pillar Resources** provides a suite of digital learning resources.
2. Explore different models of delivery.

There are various models for delivering high-quality online instruction. To determine which model(s) to employ and at what time, IHEs should regularly solicit—and then act on—students’ feedback about their learning experience. For example, at the University of Wisconsin, faculty engaged in a conversation around student needs when exploring synchronous and asynchronous models. Some professors “shied away from synchronous meetings because of accessibility issues,” being mindful that students had much less agency over their day-to-day schedule than in a typical year. Other professors questioned whether to mandate attendance at a certain time given inconsistencies in internet access for their students. The university also heard from students who were eager for synchronous options as a way to meaningfully engage with their professors and fellow students. The breadth of perspectives at the University of Wisconsin illustrate the importance of considering both what students need pedagogically and what the capacities of the institution are when making decisions about different models of online learning.35

While asynchronous models can open doors for students who may not be able to attend classes during scheduled times, these models should be paired with appropriate supports as they may pose challenges for learners who struggle with time management and who benefit from the structure of regular synchronous meetings. When resources permit, a hybrid-flexible (hyflex) model (a student is given the option of in-person, virtual, or in-person and virtual simultaneously) may offer support for diverse learning needs.

| Given this spectrum/range of needs, some examples of questions IHEs should ask themselves include: |
| ☑ Is it important for this class to meet in person? |
| ☑ Is it imperative that this class meet in person all the time? |
| ☑ Will this class be delivered in a way that is easy to use and accessible for all students, including those with disabilities? |
| ☑ What resources will be needed to properly administer this class and support the diverse needs of the community?36 |

| Resources to support these efforts: |
| • Hybrid-Flexible Course Design is a comprehensive guide for design and implementation of hyflex courses. |
| • Northern Arizona University’s Nauflex is an implementation example of a hybrid instructional model at public research university. |
| • Asynchronous to Synchronous offers a transition example from a public research university in Georgia. |

3. Leverage technology to promote student engagement.

Though the move to online instruction has increased feelings of social isolation among students, technology can also be leveraged as a tool to foster positive engagement and community building. For example, consider how instructors might use technology-based tools to foster an active learning environment where students have an opportunity to collaborate, engage in inquiry-based learning, and produce dynamic content.\(^{37}\) In a digital space, instructors can experiment with different participation techniques that may offer opportunities for more students to contribute their perspectives and participate in different ways. When synchronous, this might involve the use of small group breakout sessions, in-class polls, and the chat feature. When asynchronous, this could include the use of short video responses, online blogs, and social media. By expanding how educators think about and provide opportunities for engagement, technology can be leveraged to promote inclusion for students with learning differences.\(^{38}\)

Technology-based tools can be used to foster an active learning environment where students have an opportunity to collaborate, engage in inquiry-based learning, and produce dynamic content.

It is also important to note that institutions offering distance education are required under federal law and regulations to ensure regular and substantive interaction between students and their instructor.\(^ {39}\)

Resources to support these efforts:

- **Conceptual Framework** shows how to facilitate student engagement through educational technology.
- **Community of Inquiry Framework** provides effective online discussion practices.
- **Education’s Next Normal** offers five teaching adaptations to improve student engagement in higher education.

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4. Invest in digital learning records to promote student mobility.

COVID-19 has disrupted the plans of students across IHEs. Many have had to physically relocate while others have chosen to postpone or suspend their educational plans. In response to the COVID-19 pandemic and the rapidly changing demands of the workforce, many students are increasingly seeking and utilizing tools that were available prior to the pandemic, such as industry certifications, stackable micro credentials, and online degrees.\(^{40}\) To effectively leverage technology, advance social mobility, and close equity gaps, IHEs should begin building an ecosystem to support digitally verifiable learning records, also called digital credentials, as part of their comprehensive COVID response strategy. Digital learning records are a secure and detailed record of verifiable achievements that can easily transfer from one learning experience to another. They include data on discrete achievements and can provide deeper insight on the specific skills that are represented by a degree or certification. This ecosystem should be designed around students, with the goal of empowering them with ownership over their learning records, including how and with whom they are shared. Records should be published in a format that facilitates interoperability and the translation of a student’s skills, competencies, and knowledge across different educational and workforce institutions.

IHEs can also seek to aid students who wish to reenroll and/or transfer by conducting outreach to students, inviting them back to the institution and ensuring official transcripts are readily available without holds on students’ accounts. HEERF dollars may be used to discharge institutional debts that may be holding students back from reenrolling or transferring to another college. The Department encourages institutions to discharge such debts.

HEERF dollars may be used to discharge institutional debts that may be holding students back from reenrolling or transferring to another college. The Department encourages institutions to discharge such debts.

Resources to support these efforts:
- Building the Digital Credential Infrastructure for the Future
- How Digital Credentials Advance Student Mobility
- How Digital Credentials Will Reshape Higher Ed
- Credential Transparency Description Language
- Open Skills Network
- Case Study: Georgia Institute of Technology
- Case Study: Elon University in North Carolina

BROADBAND AND DEVICE ACCESS FOR HIGHER EDUCATION STUDENTS, FACULTY, AND STAFF

OVERVIEW OF CHALLENGES AND NEEDS

COVID-19 magnified the digital divide\(^{41}\) for college students as campuses closed and classes moved online. Before the pandemic, many students reported they could rely on access to high-speed broadband\(^{42}\) on campus in libraries, classrooms, and residence halls.\(^{43}\) Similarly, students who could not afford devices (e.g., computers, printers) and software often had free access in campus computer labs and libraries.\(^{44}\) When campuses closed, students returned home to communities across the country with varying degrees of access to high-speed broadband infrastructure, and many faced new financial challenges that impacted their ability to afford broadband access and devices.

Limited access to high-speed broadband infrastructure is a challenge faced by students and faculty across the United States in urban, rural, and tribal communities. The Federal Communications Commission (FCC) estimates that at least 21 million\(^{45}\) Americans do not have high-speed internet access, but other estimates range from 42 million\(^{46}\) to 157.3 million.\(^{47}\) Approximately 3 million to 4 million postsecondary students are impacted by the digital divide—or 15% of all students attending 2-year community colleges or 4-year private and public colleges.\(^{48}\)

The digital divide is more pronounced in rural communities and in Black, Latino (or Hispanic), and American Indian or Alaska Native households.\(^{49}\) A January 2021 report from the Midwestern Higher Education Compact (MHEC) found that, “approximately 16%—19% of college students reported technology barriers (inadequate computer hardware or internet connection) that inhibited participation in online learning. Higher rates of inadequate computer hardware or internet connection were observed among: students from lower income households (20%—30%) than

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\(^{41}\) The digital divide is defined as the “gap between individuals, households, businesses and geographic areas at different socio-economic levels with regard to both their opportunities to access information and communication technologies (ICTs) and to their use of the internet for a wide variety of activities.” OECD (2006). Understanding the digital divide. Paris, France: Organisation for Economic Co-Operation and Development. Retrieved from: https://stats.oecd.org/glossary/detail.asp?ID=4719.


higher-income students (10%—12%) and Black (17%—29%) and Hispanic (23%—28%) students relative to White students (12%—17%). For students living in a rural area, 14%—25% reported having inadequate computer hardware or internet connection compared to 16% of students living in a suburban and 16%—20% of students living in an urban area.”50

Students with disabilities have also encountered difficulties in accessing critical technology (e.g., Wi-Fi, laptops) for remote education, internet access, and increased difficulty in coordinating courses across different time zones.51 Even prior to the COVID-19 pandemic, only one in four adults with disabilities reported having high-speed internet at home compared with more than two in five (42%) adults without disabilities.52

An estimated forty percent of college students faced unexpected out-of-pocket expenses associated with the sudden shift to remote learning. Required purchases included laptops or computers (44%), headphones/microphones (27%), and printers (24%). Almost a quarter of surveyed students said that these purchases “came at a very significant cost, with over 40% saying the cost was somewhat significant.”53

Internet Service Providers (ISPs) often choose not to build and maintain expensive fiber networks to geographically remote locations with low population densities due to the limited return on investment. In urban communities, there is evidence of ISPs investing in building fiber infrastructure in wealthier neighborhoods while under-investing in the broadband infrastructure in low-income communities. As a result, broadband users from low-income households often receive more expensive but slower access.54

Access to consistent broadband can also be a challenge for unhoused and highly mobile students and families who lack a permanent address.55

The MHEC study also found that college students with inadequate technology reported struggling more with the transition to remote learning than students with robust internet access and reliable devices.

These students had more difficulty meeting deadlines, felt less successful as college students, and were more likely to opt for a “Pass/No-Pass” grade in Spring 2020.56

INCREASING STUDENT ACCESS TO BROADBAND AND DEVICES

When the COVID-19 pandemic hit, many IHEs supplied students with the devices and internet access necessary for continuity of learning. As campuses reopen for in-person learning, IHEs will need to stay focused on the impact that digital access has on student success and the importance of continually investing in broadband supports for students long-term, particularly for students who are unable to be vaccinated due to a disability. For many of the recommendations below, HEERF funds can be used to implement the solution. For more information on uses of HEERF funds please see the [ARP-HEERF FAQs](#). IHEs can implement solutions for keeping students connected and supported, including the following:

1. **Conduct ongoing needs assessments.**

   This can include the use of student surveys to determine the extent to which students and faculty have access to high-speed internet and devices and the quality of that access. Consider using a variety of communication methods including phone calls, text messages, or mailings in addition to email or learning management system surveys to reach students and faculty. For example, it is important to know whether a student only has home access through a cellular data plan, which may be subject to data caps that increase cost and slow down service once the cap is reached. The [DigitalBridgeK-12 Home Access Needs Assessment Playbook](#), which was originally written for K-12 schools, has scripts, templates, and toolkits that can be adapted for use by colleges and other adult education settings. In addition, IHEs can consider mapping de-identified student and faculty address data to understand whether students and faculty live in areas with limited internet access. For example, North Dakota correlated de-identified K-12 student address data and service provider data, which led to the detection and connection of 1,762 student homes that were previously unconnected.

2. **Expand Wi-Fi and broadband access to students and faculty.**

   Many college campuses have extended campus Wi-Fi access beyond classrooms or residence halls to public and outdoor spaces, including [campus parking lots](#). IHEs may consider mapping their public Wi-Fi access locations on a local or state public Wi-Fi map like this [map from the Public Service Commission of Wisconsin](#) or the [New Mexico Broadband Map](#). If a Wi-Fi map of the community or state does not exist, IHEs could consider using faculty or student geographic information system expertise to create one.

   Other colleges are looking at opportunities to expand their networks off campus to provide access for students, faculty, and their surrounding communities. IHEs can also loan mobile hotspots to students and employees but should be aware of [mobile hotspot limitations](#) in areas with limited cellular service. Examples of college hotspot lending programs can be found at this [university in Kansas](#) and [this college in New York](#).

   Another example is from Northern Michigan University (NMU) which launched a self-deployed wireless network using 2.5 GHz
wireless spectrum to connect their 9,000 students and 1,100 faculty off-campus. The initial build-out was soon expanded to connect K-12 schools and offer low-cost, high-speed, uncapped internet access to twenty communities in the Upper Peninsula of Michigan. In addition, NMU provides access to online career and professional development courses through its network. Additionally, a new pilot program in Pittsburgh combines the efforts of eight universities, research groups, non-profit organizations, and school districts to turn the University of Pittsburgh’s Cathedral of Learning into a “super node” or hub that transmits free Wi-Fi to households around the city. Finally, IHEs could consider allowing students enrolled at other IHEs to use their open computer labs if those sites are nearer than their home IHEs, especially as students have dispersed across the country and away from campus during the COVID-19 pandemic. For example, eduroam provides network access to researchers, teachers, and students visiting an IHE other than their own. Home IHEs authenticate users with the same credentials they use to access the network on their home campus.

3. Support students with disabilities by collaborating with internal and external partners to ensure accessibility of online learning platforms for all courses.

This can include checking/reviewing for built-in accommodations within the digital learning platforms and ensuring that faculty understand how to utilize the built-in captioning or accessibility features (e.g., to make slides accessible to persons with disabilities). It is important to note that some functionality touted by developers as “built-in accommodations” may actually cause difficulty for some students with disabilities. For example, websites that have built-in screen reader functionality can interfere with a student’s personal screen reader software. In instances where automated captioning is used, it should be reviewed and edited for accuracy to be fully accessible to individuals who require captioning. This effort is particularly important for students who may have required a note-taker in an in-person classroom; in an online environment in which lectures are recorded with captioning—possibly even with transcripts being automatically produced—and the ability to rewatch these lectures, some students may no longer require notetaking services as an accommodation. Additional accommodations, like access to assistive technology, may be necessary to provide students with disabilities equal educational benefits to students without disabilities.

Further, as the Department noted in the section concerning Civil Rights Requirements, IHEs have obligations under Section 504 of the Rehabilitation Act and Title II of the Americans with Disabilities Act to ensure that individuals with disabilities have equal access to their services, programs, and activities unless doing so imposes a fundamental alteration or undue burden.

This obligation applies to online learning platforms an IHE uses as part of its programs, services, and activities.

4. Offer scholarships or funding to defray the cost of internet service for students who may have trouble affording access.

For example, a private, non-profit university with a large online presence has made $1 million in Online Access Scholarships available to ensure that students have broadband internet and device access during their course of study. Scholarships cover the cost of installing and accessing internet and provide recipients with a refurbished laptop, complete with a webcam. A public research university in North Carolina reallocated existing funding designated for regular classroom technology upgrades in order to offer up to 2,500 students a $200 supplement to help with internet costs during the fall 2020 semester. IHEs can also consider adapting the sponsored service model being used by many K-12 school districts and states to purchase home internet connections for students. Sponsored service is when a procurement lead (e.g., an IHE) acts as a single-payer and handles the payment of internet bills to ensure connectivity remains continuous for students.

5. Develop free technology lending programs for students.

For example, a large public research institution in Michigan recently piloted a new approach to technology lending by proactively inviting admitted students from lower-income households to borrow laptops for their entire college careers. Students have the option to buy or return the laptop upon graduation. IHEs should utilize other technology lending where possible, such as for Assistive Technology programs.

6. Aggregate a school system’s buying power to leverage cost savings on hardware, software, or service procurements.

For example, the Foundation for California Community Colleges operates the CollegeBuys program, which aggregates the system’s buying power. During the COVID-19 pandemic, the program has helped streamline emergency procurements, mitigated price fluctuations, and ensured continued access to the global technology supply chain.

7. Leverage federal broadband funding to connect students and campuses.

The temporary $3.2 billion FCC Emergency Broadband Benefit (EBB) Program provides eligible households, including Pell Grant recipients who have received an award in the current award year, a discount of up to $50 per month towards broadband service and up to $75 per month for households on tribal lands. Eligible households can also receive a one-time discount of up to $100 to purchase a laptop, desktop computer, or tablet from participating providers if they contribute $10-$50 toward the purchase price. IHEs can help students navigate the registration and verification process. The Department recently launched a major outreach campaign to inform millions of Pell Grant recipients of their eligibility for this benefit.
In addition, the $1 billion Tribal Broadband Connectivity Program from the National Telecommunications and Information Administration (NTIA) will provide grants to tribal governments, including TCCUs, to be used for broadband deployment on tribal lands, as well as for telehealth, distance learning, broadband affordability, and digital inclusion. Finally, the $285 million Connecting Minority Communities Pilot Program from NTIA will provide grants to HBCUs, TCCUs, and MSIs for the purchase of broadband access and eligible equipment or to hire and train information technology personnel. Finally, the Treasury Department’s $350 billion State and Local Fiscal Recovery Fund will provide emergency funding for state, local, territorial, and Tribal governments to respond to the pandemic and its economic impacts, including making necessary investments in broadband infrastructure.

8. Join state-level broadband conversations to advocate for college students’ access needs.

IHEs can visit the NTIA State Broadband Leaders Network (SBLN) website to learn whether their state has a state broadband office, coalition, or task force and a state broadband plan. IHEs can also enter into partnerships with other IHEs in their state to provide reciprocity to students for access to Wi-Fi or devices.

9. Expand the array of communication tools and methods.

Before the pandemic, some IHEs used online learning management systems that allowed for faculty and students to communicate online (e.g., discussion boards) even when they met in person for class. However, some offices within IHEs that traditionally engaged in face-to-face interaction, like disability services offices, had to find new ways to transition to completely online communication, while at the same time evaluating and updating their internal/external office procedures to ensure students, faculty, and staff received the services they needed. In the coming months and years, IHEs should continue to make investments in multiple methods of communication to ensure students with disabilities can effectively use online platforms, broadband, and devices intended to increase their access to technology.
OVERVIEW OF CHALLENGES AND NEEDS

It is still unclear how the increased mental, emotional, and physical demands of navigating education during a health crisis will impact student enrollment, retention, and completion long-term. However, the earliest data from the National Student Clearinghouse indicate that, with the exception of proprietary schools, undergraduate enrollment has declined across all sectors, particularly impacting community colleges and other IHEs that typically enroll underserved students.\(^58\)

In a survey of over 38,000 college students in 2- and 4-year IHEs, over half reported experiencing housing, financial, or food insecurity during the COVID-19 pandemic.\(^59\) These results highlight the immense challenges many students are facing in meeting their basic needs during this time. Moreover, evidence has shown that the COVID-19 pandemic has disproportionately impacted underserved communities and communities of color,\(^60\) meaning that these students are at especially increased risk of facing basic needs challenges. As the COVID-19 pandemic has continued, many students, particularly students of color and students from low-income backgrounds, have juggled their class schedules with employment and/or the pursuit of resources to help support their families.

Additionally, some students with disabilities have had unique challenges accessing their classes, using support tools, and finding the resources they need to stay engaged and on track toward a degree, while possibly also facing greater risk for serious illness from COVID-19 than their peers. In order to be responsive to the current challenges students are facing, IHEs should implement broad-based supports and flexibilities that allow students to be responsive to their needs both at home and in the classroom.

EMERGENCY AND FINANCIAL AID

COVID-19 has had a disproportionate impact on communities of color and underserved communities that goes beyond health outcomes from the virus. The economic effects of the COVID-19 pandemic have hit Black, Latinx (or Hispanic), and women (particularly women of color) workers much more

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profoundly than White men. In April 2020, the American Indian or Alaska Native unemployment rate rose to 26.3%, three times greater than it was the previous month.\textsuperscript{61} For example, in December 2020, while women lost 140,000 jobs, men gained 16,000.\textsuperscript{62} Even still as the economy begins to rebuild, Black and Latinx (or Hispanic) workers 20 years and over are experiencing jobless rates of 9.7% and 8.5%, respectively, while White workers have seen unemployment fall to 5.6% as of the first quarter in 2021.\textsuperscript{63} According to the U.S. Bureau of Labor Statistics, younger workers aged 20–24 are seeing unemployment rates in 2021 that are still higher than what they were one year ago.\textsuperscript{64}

**This unequal loss of employment across race, sex, age, and socioeconomic status has exacerbated food and housing insecurity for college students.** Nearly one-third of 1,000 surveyed students said they had experienced food insecurity since the beginning of the COVID-19 pandemic.\textsuperscript{65} Moreover, over half of the students surveyed used off-campus food pantries during the COVID-19 pandemic.\textsuperscript{66} A recent survey of graduate and undergraduate students at 10 public universities in the United States and Canada found “students from low-income and working-class backgrounds are more likely to experience financial hardships such as reduction of income from other family members, unexpected increases in living expenses and technology, loss or cancellation of jobs, and loss of wages from off- or on-campus employment.”\textsuperscript{67}

In order to serve students well, IHEs are encouraged to use as much of their HEERF funds as possible to meet the financial needs of their students, prioritizing students with exceptional need—regardless of whether they completed the FAFSA—including students who receive Pell Grants or are undergraduates with extraordinary financial circumstances. With the additional funding provided through the ARP, approximately $76 billion collectively has been dedicated to HEERF; approximately $30 billion of these funds are to be directed to students in the form of emergency grants to help them meet their needs. States also received Governor’s Emergency Education Relief (GEER) Funds, which may be allocated to IHEs. These funds can cover the costs of providing connectivity for students, student services that promote a student’s emotional and physical well-being, and student financial aid.

IHEs should continue to work diligently to provide support for students that meet their basic needs whether on or off campus. This includes support for housing, financial aid, healthcare, child care, transportation, and food that allow a student to stay enrolled and continue their path toward a degree. IHEs should make certain all students have access to the support they need regardless of immigration status, race, national origin, sex, disability, or religion. The Department recommends IHEs:

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\textsuperscript{65} Ibid.

1. Make emergency aid available to all students.

With the recent release of the Department’s final rule on student eligibility, HEERF grant funding can be used to make emergency financial aid grants to all students, including citizens, permanent residents, refugees, asylum seekers, Deferred Action for Childhood Arrival (DACA) recipients, other DREAMers, and similar undocumented students.68 IHEs should provide aid to students with exceptional need first.69 Students studying abroad who apply for emergency grant aid through their IHE are eligible and should receive the aid, as long as they meet the exceptional need prioritization criteria and funds are available.

2. Ensure emergency aid applications are streamlined.

One in five IHEs surveyed required students to complete the Free Application for Federal Student Aid (FAFSA) for access to emergency aid (provided by both HEERF and non-HEERF funds).70 This can unfairly exclude many students who do not fill out the FAFSA, such as students who are ineligible for federal financial aid or students unable to resolve issues flagged through FAFSA verification. Whether completed or lacking, FAFSA may not be an accurate representation of a student’s current financial situation. IHEs may use the FAFSA but not require it and, to the extent practicable, should allow students to apply for emergency aid grants as needed (prioritizing exceptional need the IHE has established for distributing HEERF emergency financial aid grants) regardless of FAFSA completion or other state aid documentation. It is also imperative that IHEs continue to utilize the professional judgment process implemented by financial aid administrators to account for changes in a student’s financial circumstances.

3. Provide leniency. Provide leniency with bill due dates, waive late fees, and extend offer flexibilities for students facing financial difficulties.

Additionally, as outlined in the most recent HEERF guidance,71 IHEs can discharge institutional debts that were accrued during the COVID-19 pandemic so students can re-enroll or obtain their transcripts to continue their education at a different IHE. Providing this level of leniency will help promote student re-engagement and help support retention efforts, including after the COVID-19 pandemic. A public four-year university changed its normal billing procedures to delay the assessment of holds and late fees for non-payment and increased the threshold for balances that would result in a hold.

4. Provide a wide range of services.

Consider expanding resources or making more visible what campus legal services and other departments can do for students, especially for COVID-19 pandemic-related services like estate assistance or consumer protections. A community college established a new office that coordinates

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68 See ARP HEERF III FAQs 8-12 for more information.
69 As described in ARP HEERF III FAQs, CRRSAA and ARP require IHEs to prioritize students with exceptional needs when distributing emergency financial aid from HEERF grant funding.
71 See FAQ #25 at this link: https://www2.ed.gov/about/offices/list/ope/arpfaq.pdf.
basic needs from multiple areas of discipline for their students. They offer a drive-through food pantry, referrals to low-cost housing, transportation vouchers, financial literacy, legal assistance, help finding work, child care, and academic support, in addition to emergency grants and assistance with applying for means-tested benefits.

5. **Give flexibility to students in providing reasonable documentation of disability.**

IHEs may require reasonable documentation of disability, but given the increased difficulty in accessing healthcare providers for in-person assessment and testing, the Department encourages IHEs to demonstrate flexibility in the type of documentation required and how students may supply it.

**FOOD AND HOUSING INSECURITY ON- AND OFF-CAMPUS**

In a larger survey of 38,000 college students attending 54 different IHEs across 26 states, more than half reported experiencing food insecurity, housing insecurity, or homelessness during this time. Two separate surveys of more than 3,000 college students each showed that food and housing insecurity disproportionately impacts first-generation students and students of color, particularly Black students. This gap in housing and food access can exacerbate inequities and can result in widespread educational consequences. For many students, their college or university campuses may be the most visible and reachable place to obtain resources that help address their food and housing insecurities as well as other basic needs.

Faculty and staff at IHEs may also struggle with food or housing insecurity. IHEs should ensure on- and off-campus resources available to students are also available to faculty and staff. Further, it is important to note that staff at many IHEs are employed by contractors, not the IHE itself. These recommendations apply to employees of the IHE and its contractors. HEERF funds can be used to support contractor and IHE employees.

To support students, faculty, and staff through this financially difficult time, the Department strongly encourages IHEs to:

1. **Provide clear information.**

IHEs should make full use of additional Supplemental Nutrition Assistance Program (SNAP) authority to increase SNAP benefits provided under the ARP and ensure students are aware of this change. Additionally, IHEs should provide students with clear and concise information on federal

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support programs they may qualify for, such as SNAP, Temporary Assistance for Needy Families (TANF), Medicare, Housing Choice Vouchers, availability of Child Care Access Means Parents in School Program (CCAMPIS) if the campus participates, and the Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC). For instance, a university in Vermont collaborated with its local SNAP program to communicate to students the eligibility criteria for these services. In the absence of direct food support programs, this is a critical way IHEs should connect students with programs that can help address their food needs.

2. Establish food pantries.

In addition to providing students with information on federal, state, and local resources, IHEs may open food pantries to their students, faculty, and staff. If resources permit, these pantries should have access to refrigeration or a freezer to ensure that students who use this resource can receive fresh foods, not just non-perishable food items. Expanding food pantry availability to all on-campus workers can help ensure all individuals who contribute to a campus community have access to resources if they are experiencing food insecurity. In a survey of 550 instructional staff members from four community colleges and one university, 38% of instructional staff experienced basic needs insecurity in 2019. These pantries should be easily accessible to those in need.

3. Go beyond food.

If IHEs open food pantries on or off campus, they should work to include other staple items when possible (e.g., diapers, clothes, masks, feminine hygiene products, soap, and toilet paper). These items can be sourced through donations from philanthropic organizations, students, faculty, staff, or the surrounding community. These pantries should be as accessible as possible and follow the appropriate COVID safety measures outlined by the CDC, such as masking and social distancing. Additionally, IHEs should consider opening these pantries during early or late hours to accommodate those who have to work or provide child and/or elder care. IHEs can also go beyond the campus and partner with community centers, religious centers or institutions, or other organizations to provide a pantry to students and the surrounding community. Above all else, it is critical that these pantries and services be provided to individuals with no questions asked and no pre-requisite requirements.

For example, a non-profit university in Virginia established The Pantry. The Pantry has a primary location on campus that provides food, hygiene products, and limited fresh produce to students with no questions asked. The university also established a student-driven partnership with a local church to offer an off-campus food pantry for the community. A university in Vermont has a student food pantry, and various groups on campus create “grab and go bags” with items like granola bars, single-serve macaroni and cheese, soup, rice cups, apple sauce, pudding, and other snacks in a gallon-sized plastic bag.

4. Make pantries and other resources accessible.

Ensure any resource pantries and assistance programs are accessible to students with disabilities. Provide information about resources in alternative formats that can be accessed to ensure effective communication with those who are blind or who have visual impairments or who are deaf or hard of hearing. Additionally, be sure to translate as much information as possible into multiple languages to ensure access to those who have limited English proficiency. IHEs should also ensure food pantries have items that are safe for individuals with special dietary needs, such as food allergies. Lastly, for physical pantry sites, consider creating stigma-free, welcoming environments that allow students to access what they need discreetly, if preferred, and without risk of drawing unwanted attention to their circumstances or hardship.

5. Provide food for those in isolation or quarantine.

It is imperative that IHEs ensure students and staff who are quarantining have access to food, medication, and other products they may need. Even if students or staff are quarantining off campus, IHEs should engage in outreach to ensure food and other basic needs are met, possibly with the aid of delivery services. This will help students and staff abide by COVID protocols and limit community spread.

SUPPORTING STUDENTS EXPERIENCING HOUSING INSECURITY

As noted above, food and housing insecurity are a large concern for students and families both pre- and post-COVID-19 pandemic. Before this crisis even began, one survey showed that as many as 46% of student respondents were housing insecure in 2019.76 These resource insecurities are even more severe for students of color and students from low-income backgrounds.77 In addition to assistance for food insecurity, IHEs should also work to provide housing information and supports to those students experiencing homelessness or housing insecurity. To support students, IHEs can:

1. Refund room and board costs.

For students who move home during the COVID-19 pandemic or are sent home, IHEs should establish a refund program for pre-paid housing and dining costs so students can use those funds for other learning or living expenses at home. For example, a 4-year public IHE in Virginia issued housing and meal plan refunds for students who moved home or were sent home due to COVID. The IHE’s refunded dollars helped provide students with funding to provide for living expenses at home. IHEs can use HEERF institutional funds to defray costs associated with providing housing and dining refunds to students as a result of COVID-19.

“Before this crisis even began, one survey showed that as many as 46% of student respondents were housing insecure in 2019.

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2. Prioritize students with the greatest need.

If IHEs are opening residence halls at limited or reduced capacity, they should prioritize students who are housing-insecure, students from lower-income households, students with disabilities, and/or international students who have limited housing options in the United States.

3. Partner with the community.

If IHEs do not have on-campus housing, do not have the resources to provide direct housing assistance, or are primarily commuter schools, consider opening or partnering with community centers to provide housing options for students in need.

4. Provide transportation support.

For IHEs partnering with hotels or other private companies for housing, or as an added benefit to students living on- or off-campus, ensure students have access to free transportation to get to classes and work. This can include vouchers for public transportation, a college shuttle service, or a ride share reimbursement program. Additionally, if providing transportation benefits or resources, make sure to include options that are accessible to students with disabilities.

5. Provide resources for those in unsafe environments.

Some students may not have safe home environments and may have concerns about quarantining or living in a home where they are unsafe. IHEs should consider strategies to provide these students with an easy and confidential way to access resources such as mental health and counseling support and information on their options. For example, help is available 24/7/365 from the National Domestic Violence Hotline at thehotline.org or by calling 1-800-799-7233.

6. Provide clear information.

If an IHE is unable to provide housing support on campus or find other housing alternatives for students, it is imperative the IHE provide students with resources that clearly outline any off-campus state, federal, or local supports. To the extent possible, IHEs should work with students to find options that meet their needs. For example, North Carolina provides resources for liaisons working with students experiencing homelessness.

7. Expand access to supports.

IHEs could consider expanding food and/or housing supports to on-campus workers and other support staff who are at increased risk of exposure as they work to keep campuses open. This should include staff in critical roles such as food service and maintenance who are more likely to be contract workers employed by management companies.

HEALTH CENTERS AND PARTNERING WITH THE COMMUNITY

COVID-19 has laid bare many of the fundamental issues facing students while trying to meet their basic daily needs. One critical component of meeting students’ basic needs, particularly during a health crisis, is ensuring students have access to health care and information. While some students remain on their parent’s health insurance plans throughout their time in college, many students do not have access to this benefit because they are independent or uninsured. As such, it is critical for colleges and universities to provide students with access to free and/or affordable health care options, including:

1. Access to free and affordable health services.

If an IHE has an on-site health clinic, they should treat all COVID-19 cases free of charge along with any COVID-19 related health issues. In addition, IHEs should provide students with free healthcare services if needed—particularly sexually transmitted infection testing, flu shots, recommended vaccines, and general preventative health screenings. To the extent possible, IHEs should provide these services via a tele-health platform and in person for those who may not have access to reliable internet services. As referenced in the earlier “Safe Practices for In-Person Learning” section, as IHEs re-open, they should provide free and safe testing and care services for individuals experiencing symptoms of COVID-19. If students or faculty and staff must have a negative test to be on campus and/or if individuals on campus are experiencing COVID-19 symptoms, they should be provided with clear information on where they can access testing for free and how to mitigate exposure to others.

These types of services, that are the result of the national emergency, can be supported with HEERF institutional grant funding. Additionally, IHEs should give students information on any federal, state, or local resources that can help provide them insurance or assistance for health care costs and expenses, such as Medicaid or financial assistance available through federal and state health care marketplaces. ARP expanded financial assistance is available, and the U.S. Department of Health and Human Services (HHS) estimates that 9 out of 10 people who enroll are eligible for savings. Additionally, HHS has extended a Special Enrollment Period through August 15, 2021, for new enrollees in states that use the federally facilitated marketplace (healthcare.gov). For students not eligible for Medicaid or federal and state health care, IHEs can provide them with information about community health centers where they can access care.

2. Utilize Medicaid as a potential resource for students.

This can be a crucial support for students in need of health care. It is imperative that IHEs provide tools to let students know that, if they are eligible for Medicaid, they can get coverage for screenings and treatment. If the on-campus health center does not accept Medicaid, IHEs can offer students information on a community provider that does. Additionally, if students require access to medications, IHEs should provide information for how students can access or acquire necessary prescriptions, especially for those students who are uninsured.

3. Well-being supports.

IHEs should widely disseminate information, in the languages most commonly spoken by students, about wellness resources to aid in the mental and physical well-being of all students. This includes information on free mental health support, meditation guides or services, or anxiety and depression awareness toolkits, many of which are available upon request in alternate formats—such as Braille or large print—for persons with disabilities. For more information on how IHEs can specifically support students’ mental health needs, please see the mental health section of this guidebook.

ADDITIONAL RESOURCES:

Below are guides, resources, and tools put together by IHEs, organizations, and students to help IHEs think through programs to implement on campus.

- The Hope Center put together a guide for colleges and universities to support students during COVID-19. The guide has information on health care, food, emergency aid, housing, and instructional considerations. The Supporting Students Guide is available online.80

- The Hope Center, in partnership with SchoolHouse Connection and Juvenile Law Center, also published a guide that is specific to supporting students with experience in foster care and students experiencing homelessness.81

- The Hope Center also recommends that IHEs centralize information on basic needs support on a “basic needs webpage,” a link to which should be featured prominently on the school’s home page, on their Learning Management System, and on syllabi.

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STUDENT CAREGIVERS

OVERVIEW OF CHALLENGES AND NEEDS

According to the 2015–2016 National Postsecondary Student Aid Study (NPSAS:16), more than one in five students across higher education are student parents (22%). A recent GAO report shows that this proportion of student parents has remained constant, but some estimates suggest that there could be nearly one in three student parents across higher education. Exacerbating the challenges faced by student parents is the reality that they are more likely to face high levels of economic insecurity. In NPSAS:16, 68% of all student parents had incomes below or near the federal poverty line. The rates are even higher for student parents of color: Black (79%), American Indian or Alaska Native (78%), and Latinx (or Hispanic) (73%) student parents are disproportionately from households with incomes below the federal poverty line.

Since long before the COVID-19 pandemic hit, student caregivers faced additional barriers to accessing and completing higher education. Researchers at The City University of New York and the University of Texas El Paso conducted a study that showed that student parents have less than half the amount of time (10 hours versus 21 hours) as childless students to dedicate toward school work, sleeping, and leisure due to their additional responsibilities and higher likelihood of working while parenting and attending school.

Health implications were an added factor for student caregivers prior to the COVID-19 pandemic. In a fall 2019 survey administered by the Hope Center, 30% of parenting students reported they were experiencing moderately severe to severe levels of depression, and 27% were experiencing anxiety, with 13% experiencing severe anxiety.

Amid the COVID-19 pandemic, student caregivers have seen their ability to access and continue their education significantly impacted. As parents across the country have seen primary and secondary schools shift to online learning, student parents have taken on additional responsibilities to support their children’s continuing education, while often needing to transition their own learning environment.
A survey conducted by the Lumina Foundation and Gallup between September 22 and October 5, 2020, found that college students who provide care to children or adults (44%) were more likely than their non-caregiving peers (31%) to have considered stopping their education over the past 6 months.

Researchers reported that the relationship between caregiving and the consideration to pull out of courses existed “even after controlling for race, program level, age, gender, marital status, household income, and the amount of money taken out in loans.”

After communicating with numerous IHEs about the COVID-19 pandemic’s impact on student caregivers, the Department identified some of the most frequent and significant challenges IHEs have faced while attempting to support student caregivers. These categories are not exhaustive of all the issues faced by caregivers in higher education. In addition to the categories listed below, issues such as mental health, finances, and broader child care availability were raised repeatedly as issues faced by students, faculty, and staff.

STUDENT PARENTS HAVE STRUGGLED AMID THE LOSS OF CHILD CARE AVAILABILITY

Due to the closure of primary and secondary schools and networks of child care centers, which had to temporarily close or limit capacity, student parents often had to seek out alternative child care options.

One official at a community college that is a current grantee of the Department’s Child Care Access Means Parents in School (CCAMPIS) program noted, “Because of the pandemic, many students left school during spring 2020 or did not persist into summer or fall terms, particularly our Pell-eligible populations. Enrollment overall is down, and this has impacted our child care centers as there are fewer students attending class on campus.” As students stayed home, they kept their children home with them. As a result, centers in that state receiving grant funding were closed from April through December. Even when the center reopened in January, it was at reduced capacity and faced lower enrollment and revenue coupled with higher salary and cleaning costs.

To address this challenge, numerous IHEs partnered with National Association for the Education of Young Children (NAEYC)-accredited centers to make offsite child care options available for student parents. At one community college, the child care center opened its doors in September 2020, despite the campus being open in person in a minimal capacity to provide a child care option for student parents and staff parents. The child care center also provided technology workshops, tutorials for curating a diverse home children’s library, and career advancement workshops to support student parents preparing for remote work.

DELIVERY OF VIRTUAL CHILD CARE SERVICES

When child care facilities were unable to remain open, many centers shifted to delivering virtual child care services. While helpful, virtual child care does not always meet the full scope of care student parents traditionally receive with in-person services.

- Numerous IHEs have expanded to providing virtual services by hosting Zoom meetings to supplement support services previously offered on campus. IHEs also reported sending out newsletters providing updates, resources, and activity ideas to their student parent communities. Others incorporated texting campaigns or using social media to provide
additional supports—including Facebook groups and Pinterest boards—to give parents developmentally appropriate play-based activities to keep children busy and learning at home.

- An official at a public 4-year university explained, “When the center was closed, they provided regularly scheduled Zoom meetings for families; teachers continued to complete lesson plans and send activities home for families to do together; teachers created private YouTube channels to post videos of themselves reading or doing an activity that parents could access as available; and weekly newsletters were sent with photos and ideas from teachers and families that participated.”

- In circumstances where facilities remained closed, the technological gap affected both student parents and their children. IHEs reported that families did not always have the technological equipment to receive the needed support. Some schools reported providing devices and internet access so families could benefit from support services.

- The health and safety needs of staff need to be considered when child care facilities are open. IHEs reported the need to bring on additional staff to support children in child care centers. While student parents were unable to enter facilities, centers needed to provide additional support for pick up and drop off. To minimize risk of exposure, some centers reported needing to hire more part-time support staff to allow workers time to quarantine if needed. Further, some facilities reported limited PPE and concerns regarding risk to workers with pre-existing conditions.

**RECOMMENDATIONS TO SUPPORT STUDENT CAREGIVERS**

The Administration has made numerous investments to support students and families with children through both the American Rescue Plan (ARP) and the American Families Plan (AFP), including state and local funding for child care, tax credits and subsidies for parents, and significant investments across IHEs. As IHEs consider the recommendations below, they should keep in mind the availability of new resources to support student parents and child care providers.

1. **Provide increased support to student parents through innovative child care supports and additional emergency grant aid to student parents.**

Several IHEs reported that student parents affected by job loss were less likely to have access to child care. Under these circumstances, IHEs worked to find resources to mitigate the cost of child care on campus for these students. For example, a public 4-year institution’s student parent programs re-allocated more than $60,000 of their existing university funding to address student parenting needs. According to one IHE: “Re-allocated funds were used to start an emergency grant program for student parents; to offer expanded child care options; and to offer more robust subsidies to families who were able to retain licensed care but required additional support to maintain that care. Throughout the academic year, the university allocated additional funding for child care subsidies in support of student parents. Additionally, other departments across the university received or allocated additional funding to expand their child care subsidy and emergency funding programs to support student parents from lower-income backgrounds. Funding was also expanded to support the university’s emergency supply closets to provide basic toiletries to students, including diapers and wipes for student parents.” As IHEs look to expand child care support, they should prioritize student parent needs at on-campus child care centers. Additionally, IHEs can use HEERF emergency grants for child care.
2. Extend services year-round and increase child care worker wages.

Some IHEs reported extending child care support year-round. For example, one community college worked to provide additional access to those with additional need for child care services among its student population. The institution’s child development center extended services to be available during the fall, spring, and summer semesters for students. This has increased capacity for child attendance on an annual basis from 80 to 120 students. As child care workers remain in high demand, institutions should pay workers higher wages in order to recruit and retain child care staff. Research shows that higher wages for child care workers correlate with higher quality care for kids, allowing student parents to maintain peace of mind and the ability to focus on their education.82

3. Connect students with community resources.

For example, one community college facilitated parents’ access to child care by identifying child care providers in the state directory that had availability. The college connected students to financial support for child care, including access to the Coronavirus Aid, Relief, and Economic Security (CARES) Act-HEERF I through microgrants, Child Care Access Means Parents in Schools (CCAMPIS), financial aid, and scholarships. In addition, the community college connected parents to self-care resources to cope with the COVID-19 pandemic. The institution also offered a safe on-campus child care setting to address some of the child care needs in the community.

4. Implement an emergency child-care program.

One public 4-year university made its center for child care development an approved site for Child Care Crisis Assistance in Isolation Response Plan in order to provide temporary child care for emergency responders and other essential workers.

5. Extending access to the surrounding community.

Broadening eligibility for services typically provided for campus students, faculty, and staff may be a way to build partnerships with the community while addressing pressing needs. Since residential campuses may have reduced occupancy as a result of remote learning, some on-campus services like child care may have excess capacity that could be useful to the surrounding community.

MENTAL HEALTH NEEDS OF STUDENTS AND STAFF

OVERVIEW OF CHALLENGES AND NEEDS

In August of last year, CDC released a report about the COVID-19 pandemic’s effect on mental health, showing over 40% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder, symptoms of a trauma- and stressor-related disorder (TSRD) related to the COVID-19 pandemic, and having started or increased substance use to cope with stress or emotions. Further, this report showed that more than 1 in 10 respondents “seriously considered suicide in the 30 days before completing the survey,” but that rate was disproportionately higher for respondents of color and more than 1 in 4 for respondents between the ages of 18–24. The Student Experience in the Research University Consortium separately found that students during the COVID-19 pandemic are being identified as having depression and anxiety at higher rates than in past years, but accessing mental health care during the COVID-19 pandemic has been more difficult than before for students, according to a survey by the ACHA and the Healthy Minds Network.

More than 1 in 4 survey respondents aged 18–24 “seriously considered suicide in the 30 days before completing the survey.”

It is still unclear how the increasing mental and physical demands of navigating education during a health crisis and amid economic uncertainty will impact student retention and completion long-term. However, the earliest indications from IHEs show that students and staff are both struggling at higher rates across a number of categories related to mental health, economic security, and other factors that could impact long-term success. IHEs, college representatives, and mental health experts have reported to the Department that the COVID-19 pandemic and its contributing factors have led to increased levels of isolation, financial stress, academic stress, anxiety, depression, suicidal ideation, and alcohol and drug abuse across student and staff populations.

In addition to increased levels of distress, some schools are seeing declines in counseling center visits overall despite increased cases of crisis. One school official noted, “With only about half of our students coming to in-person classes, and with our work now remote, fewer students are getting
connected to the Counseling Center, despite increased distress and crisis. We have seen 28% fewer students this year compared to last year at this time, while the number of hospitalizations for mental health crisis more than doubled! We are struggling to help students connect with us.” Specific student populations, including students with disabilities, have also faced increasing mental health challenges. In a survey by the Association on Higher Education and Disability (AHEAD), faculty and staff reported that students with disabilities were struggling to access resources and services needed to thrive during the COVID-19 pandemic. Four-year IHEs reported that students with disabilities faced barriers to accessing and receiving counseling and mental health services. Staff members at 2-year IHEs reported that students with disabilities struggled with accessing technology equipment, technical support, and the learning management system.

Research indicates that students with disabilities have reported additional personal challenges during the COVID-19 pandemic, such as financial, food, and housing insecurity, as well as high levels of social isolation and increased mental health needs. In addition, some students with disabilities found that they acquired new responsibilities in caring for their parents and siblings amid the COVID-19 pandemic. In addition, recent surveys suggest that students with disabilities reported feeling less of a sense of belonging and support from their respective IHE.

The Department would like to reiterate that students with mental health disabilities are entitled to academic adjustments and reasonable modifications to policies, practices, and procedures where necessary to receive an equal opportunity to participate in an IHE’s service, program, or activity, unless doing so would impose an undue burden or cause a fundamental alteration to the institution’s services, programs, or activities. For example, a student with depression may need the opportunity to make up work missed for disability-related absences. Safely and equitably meeting the mental health and social support needs of students and staff during this time is critical for student success.

FLEXIBLE PRACTICES FOR MENTAL HEALTH CARE

As COVID-19 prevented many on-campus counseling centers and mental health providers from providing in-person services, many IHEs reported expanding virtual services to provide support to off-campus students during the COVID-19 pandemic. One IHE shifted entirely to remote work and tele-mental health in March 2020. After seeking training in tele-mental health, they pivoted to provide counseling for individuals, groups, and couples, clinical case management, crisis sessions, and psychiatry through videoconferencing and phone sessions.

IHEs also reported that in circumstances where students returned home to other states, counseling services were limited. To address this, one IHE reported, “We had to make sure they could provide counseling through telehealth to students in other states. For some IHEs, this was challenging, but some states were easier than others to grant permission to provide interstate counseling.” Other IHEs reported partnering with off-campus facilities to provide their students, staff, and broader communities additional support. Another IHE increased partnerships and collaboration with campus and community groups to expand the reach of services. In one instance, an IHE reported collaborating with a community partner to provide live contact by phone (rather than a recording) for individuals affiliated with its campus, thereby bypassing the typical wait for a callback. The live

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contact can schedule a session or immediately connect
the caller with a therapist if the individual student or
employee is in crisis.

IHEs and mental health professionals have acknowledged
that isolation has had a detrimental effect on individuals
and communities throughout the COVID-19 pandemic. In
addition to providing virtual services and creating new
partnerships to expand reach, IHEs have taken steps to
provide group counseling and support services that create
opportunities for individuals to engage with community
members who may be similarly in need of connection. One
IHE official explained, “We found an unlikely source for our
in-person interventions: Our campus has two food banks,
one for students only and a second one for the community
at large. We found that by stationing ourselves at the food
banks, we have been able to screen and refer an amazing
number of people while also holding impromptu (at first) support group meetings. This evolved into
regularly scheduled support group meetings on food bank days. People now come to the food banks
seeking us out.”

PROVIDING FLEXIBLE GRADING

Students report that, as they have struggled to adapt to academic life in the wake of the COVID-19
pandemic, traditional grading policies have created added stress. Some have raised concerns about
the inequitable treatment of students in virtual settings, as well as the
increased anxiety of virtual testing where stakes are elevated,
particularly when faculty use online monitoring and remote
test monitoring software.

An American Council on Education (ACE) report on
mental health and COVID-19 acknowledges that as
students increasingly struggle with burdens and seek
compassionate and caring communication, faculty
and staff should provide reasonable flexibility and
accommodations to students. Some IHEs reported
providing flexibility to students who were worried
about the mental stress of coursework during the
COVID-19 pandemic and in some cases even allowed
students to take classes as pass/fail to limit anxiety, stress,
and mental burden.

83 34 CFR 104.44.
84 Responses from Garrett Lee Smith Campus Suicide Prevention grantees surveyed about COVID impact on mental health, responses received March 23, 2021.
85 All IHEs that are recipients of federal financial assistance from the Department have an obligation under federal civil rights law to take appropriate responsive action where
the harassment of students based on actual or perceived race, color, or national origin has created a hostile environment in school. To learn more about these civil rights obli-
gations, please see the March 1994 guidance document on racial incidents and harassment.
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SUPPORTING THE MENTAL HEALTH NEEDS OF STUDENTS AT HIGHER RISK OF ADVERSE MENTAL HEALTH CONDITIONS

IHEs have reported seeing an increased need for mental health support for underserved students, including students of color, students without documentation, and LGBTQ+ students, both on and off campus.

IHEs must be responsive to the needs of students experiencing race and national origin-based violence or harassment. Hate crimes across the United States are at the highest level they have been in a decade, which can have significant impacts on the ability or desire of students to attend in-person learning and/or can impact a student’s ability to perform in the classroom. Exposure to or being a direct victim of race-based violence or a hate crime can significantly impact the mental health and well-being of the targeted community. For example, over the past year, as the United States has seen an increase in hate crimes targeted at Black and Asian communities, rates of depression and anxiety increased among Black and Asian Americans surveyed by the Census Bureau.

International students are also facing distinct hardships. In certain cases, international students who were unable to return home comprised the sole remaining student population on campus throughout significant portions of the COVID-19 pandemic. In other instances, international students who were able to return home may have needed to attend classes at nontraditional or nonworking hours and may have had unreliable internet connections, creating additional stressors. Failed attempts at reaching counseling and mental health services during off-hours can be especially difficult for students at higher risk of adverse mental health conditions.

One IHE reported, “Beginning last March and continuing through summer, our campus was completely remote, with only essential workers coming to campus. The majority of our students were sent home, with the exception of our international students, who were moved into a single residence hall. International students who may have cultural barriers to mental health intervention were isolated from peers and their families. International students have gotten lost in the COVID chaotic disruption, especially students who are still taking classes from an international location where time differences are challenging.”

Student caregivers also experienced increased stress and emotional challenges, particularly those who had lost child care. Prior to the COVID-19 pandemic, research already pointed to the growing mental health concerns for student caregivers. A literature review by the Aspen Institute and the Jed Foundation outlines the mental health challenges faced by student parents. The COVID-19 pandemic has created new barriers for student parents, and IHEs have raised these concerns numerous times, while seeking out innovative strategies and practices to help student parents cope during this time. As was described by a 4-year flagship university’s representatives, “Many of our student parents felt extremely isolated last March—June 2020 because all of the child care facilities were closed down. Some were closed

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even longer. Student parents still needed to attend classes virtually and complete projects and assignments while caring for their children at home, so this created lots of stress as well. Isolation and stress were the biggest challenges that our student parents faced."

To address this challenge, one IHE partnered with faculty in their psychology department and worked with doctoral students to provide staff with training and resources to help deal with stress and anxiety during the COVID-19 pandemic. Each month, the IHE noted providing staff and families with Zoom workshops presented by the mental health consultant around issues related to stress management, meditation, and mindfulness.

IHEs can consider ways to use emergency funds including HEERF grants, partnerships, and additional resources to provide mental health and counseling services to student and staff populations at higher risk of adverse mental health conditions during the COVID-19 pandemic and throughout the post-pandemic recovery, when students and staff will need additional support. When it is not possible to provide no-cost services, IHEs should consider ways to ease economic and mental strain on their communities. To further support the mental health needs of students, IHEs can:

1. **Increase availability of mental health and counseling services.**

IHEs should consider increasing availability of mental health and counseling services by using a comprehensive approach to mental health, including by providing general support; promoting training for faculty, staff, campus security, facilities, and operations; integrating mental health support into other settings where students may access services; and highlighting the opportunities for additional support across campus and websites.

2. **Partner with the community.**

IHEs should consider partnerships with off-campus facilities and community organizations to expand provision of mental health and social support, peer-based engagement options, and other wrap-around services in circumstances where they are unable to provide in-person services. Further, IHEs should communicate with their peer institutions to learn about successful practices to increase mental health support in their communities.

3. **Expand virtual services.**

IHEs should consider expanding virtual counseling services and tele-health services so they can provide additional support to students and staff.

4. **Work with states to understand licensing portability requirements.**

IHEs should work with states to understand existing tele-health compliance rules and flexibilities in order to provide services to students and staff who are in need of services but currently reside in another state. In instances where IHEs are unable to provide services to students and staff who are currently out of state, IHEs should consider gathering and promoting available resources for which students and staff may be eligible in their respective locations.
5. Provide more flexible grading.

Given the ongoing COVID-19 pandemic, noted higher levels of stress, and the awareness of the impact on mental health, universities have encouraged faculty and staff to increase understanding and empathy for students, offering opportunities for students to have flexible deadlines when requested, and to even offer the use of alternative grading systems (e.g., pass/fail). The alternative grading system allows for courses to be taken without adding or detracting from their overall grade point average.

6. Provide resources to marginalized students and be responsive to reports of hate crimes.

It is imperative to provide students with safe spaces to openly discuss their experiences with race and national origin on campus, particularly if an IHE is predominantly white. As noted above, hate crimes targeting Black and Asian communities have increased during the COVID-19 pandemic, and individuals of color are generally at increased risk of experiencing hate crimes.90 These challenges are playing out in tandem with long-standing hate crimes being perpetuated against other communities of color. As such, IHEs could provide student groups—particularly those focused on issues affecting students of color and other groups that have been marginalized—with the resources and space necessary to engage with one another throughout the year. Even if classes continue to be virtual, IHEs can establish safe, virtual spaces for these communities to connect. IHEs should also consider providing counselors with expertise or specialized experience in counseling individuals of color, including Black, Latinx (or Hispanic), American Indian or Alaska Native, and Asian American Pacific Islander students; LGBTQ+ students; students with disabilities; and other underserved groups.

IHEs must respond to reports of racial or national origin harassment that could create a racially hostile environment that denies or limits a student’s ability to participate in or benefit from educational programs and activities. If the school determines that discriminatory harassment has occurred, then it must take prompt, reasonably adequate steps to end the harassment, eliminate any hostile environment, and prevent the harassment from recurring.91 IHEs should provide safe, anonymous reporting methods to protect students who may fear retaliation. Further, IHEs should recognize the importance of lived experiences as they develop new institutional policies and supports. For example, IHEs should invite students affected by hate crimes or identity-based harassment or violence to participate in developing practices and solutions.

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Many IHEs with physical buildings and campuses play an integral part within the communities where they are located. In addition to students, faculty, and staff potentially comprising a significant portion of the local population, regular interaction between the campus and surrounding community can increase transmission rates, which, if improperly managed can become a source of tension. As such, the COVID-19 pandemic has, in some cases, stressed the relationships between IHEs and their surrounding communities. IHEs should provide critical assistance to the surrounding communities in ways that are accessible to individuals with disabilities and limited English proficiency. IHEs should also be sensitive and responsive to the novel concerns presented by their continued operations and community interactions. Specifically, they can:

1. Provide testing and vaccination.

As the COVID-19 pandemic unfolded, some IHEs rapidly stepped up to offer their assistance in meeting the significant challenges around testing capacity. IHEs with the means allocated physical space to establish mass testing sites, offered lab facility capacity to process COVID-19 tests, and in some cases provided personnel in the form of nursing students and students in other relevant fields of study to execute testing protocols. Similarly, as vaccines have become broadly available in the United States, many IHEs have served their communities as vaccination sites. Throughout these efforts, states should provide additional support to IHEs serving communities disproportionately affected by COVID-19, including those that are underserved or located in rural areas. Such assistance could include, but is not limited to, procuring COVID-19 tests and PPE at governmental rates and/or facilitating the establishment of vaccination sites.

2. Be conscientious neighbors.

Even some IHEs with a primarily on-campus residential student population documented difficulties containing outbreaks on their campuses. IHEs with students living or spending time off-campus, and IHEs with a high percentage of commuter students, faced additional vectors of transmission, which often led to higher numbers of infections in their surrounding communities. As a basic step, the Department encourages IHEs to establish appropriate forums to listen to and address community concerns and to provide transparency around IHE actions and the results those actions have achieved.

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Given the close relationship between on-campus transmission and community transmission rates, IHEs should establish safe operating procedures, such as a reduction in the size and number of large gatherings and an increased use of surveillance testing. In conjunction with these measures, IHEs could also consider conducting contact tracing for students living off-campus; public health officials should be notified of confirmed cases, and testing should be made available to individuals living on and near campuses.

3. Encourage students to take an active role in COVID safety.

IHEs may also consider different ways of encouraging student behavior, including thoughtful enforcement of student codes of conduct that appropriately calibrates any potential sanctions. For example, during periods when increased off-campus student activity and large gatherings were anticipated—such as Halloween or St. Patrick’s Day—a large public university conducted joint visits to off-campus dwellings with campus police and student ambassadors to remind students of safe behaviors and to reduce gathering density without issuing sanctions. Numerous IHEs have employed “social norms” approaches to encourage positive behaviors by supporting the formation of student-led groups that encourage social-distancing, masking, and other recommended COVID-19 mitigation practices.

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Since the date of the declaration of the national emergency on March 13, 2020, the federal government has allocated historic amounts of funding to IHEs and students while also providing unprecedented levels of flexibility in student financial assistance and higher education programs in order to support ongoing response and recovery efforts. Public benefits managed by a number of federal departments and agencies have contributed to helping meet the overwhelming needs of postsecondary students that have been exacerbated by the COVID-19 pandemic. These federal financial resources and flexibilities have been referenced throughout this volume and are provided together here for reference purposes.

**HEERF:** Beginning with the CARES Act, and supplemented by the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and, most recently, the ARP, approximately $76 billion has been appropriated for allocations to more than 5,000 IHEs throughout the nation to help IHEs address COVID-19 and its disruptions to IHEs and their students.

**HEERF I (CARES):** In spring 2020, the Department allocated nearly $14 billion to IHEs under HEERF, including $12.6 billion to all eligible IHEs (section 18004(a)(1)). IHEs were required to use at least 50% of this funding ($6.3 billion) to provide financial aid grants to students and could use the remaining funding to address institutional needs arising from SARS-CoV-2 coronavirus. This initial round of awards to all IHEs was followed by an additional $1.05 billion to HBCUs, TCCUs, MSIs, and Strengthening Institutions Program (SIP) (section 18004(a)(2)), and an additional round of awards to public and private non-profit institutions that had received less than $500,000 through the first two rounds of awards (section 18004(a)(3)). More information on CARES-HEERF I grants is provided in the CARES FAQs document. Importantly, unspent CARES funds can be spent according to the terms and conditions of the CRRSAA as of December 27, 2020, as described in these CRRSAA 314(a)(1) FAQs.

**HEERF II (CRRSAA):** In January 2021, the Department allocated over $20 billion to all public and private non-profit IHEs, approximately $6 billion of which must be used for financial aid grants to students. An additional $681 million was allocated to proprietary IHEs for financial aid grants to students. In February 2021, ED allocated nearly $1.7 billion in additional awards to HBCUs, TCCUs, MSIs, and SIP institutions. Finally, in March 2021, the Department published a notice inviting applications for additional awards to IHEs that continue to demonstrate unmet need after the first three rounds of awards. With the funds
that are not set aside specifically for financial aid grants to students (including unspent
CARES institutional funds), IHEs can:

- Defray expenses associated with coronavirus, (including lost revenue, reimbursement
for expenses already incurred, technology costs associated with a transition to distance
education, faculty and staff trainings, and payroll); and
- Carry out student support activities to address needs related to coronavirus.

The Department recently updated its guidance on allowable uses of funds to provide additional
flexibility to IHEs in two areas where we have received substantial feedback from the higher
education community—using HEERF grants to compensate for lost revenue, as well as questions on
timing considerations for using HEERF grants to defray expenses associated with coronavirus. The
FAQs, as well as other information on HEERF II, are available on the HEERF II website.

HEERF III (ARP): The Department is working to implement the additional $39.6 billion in
“HEERF III” funding made available through ARP, signed by President Biden on March 11,
2021. Of these funds, approximately $36 billion is provided to public and private non-profit
IHEs. Of that amount, at least $18.4 billion must be used for additional financial aid grants
to students. An additional $3 billion is provided for additional allocations to HBCUs, TCCUs,
MSIs and other under-resourced IHEs. The bill also provides nearly $400 million in grants
to proprietary IHEs for the sole purpose of making financial aid grants to their students;
and nearly $200 million for additional grants to IHEs that demonstrate unmet need. The
Department posted ARP–HEERF III allocations to public and private IHEs under (a)(1) and to
proprietary IHEs under (a)(4) on May 11, 2021, and is currently making supplemental awards
to IHEs with approved applications under HEERF I or II and accepting applications and
making new awards for IHEs not previously funded. IHEs must use a portion of their HEERF
III funds to:

- Implement evidence-based practices to monitor and suppress in accordance with public
health guidelines; and
- Conduct outreach to financial aid applicants to notify them of the opportunity to
receive a financial aid adjustment due to the recent unemployment of a parent or
independent student, or other circumstance described in section 479A of the Higher
Education Act of 1965, as amended (HEA).

On May 11, 2021, the Department released allocations and additional guidance on uses of funds and
how to apply for HEERF III funding (see section D).

GEER: In addition, the Department also awarded $3 billion to Governors under the GEER Fund
authorized by the CARES Act and an additional $4 billion in GEER II funds to states in January 2021
under the CRRSAA. Governors award GEER funds, at their discretion, to school districts, IHEs, and
other education-related entities in the state. Additional information on GEER can be found here.

CARES Act Flexibilities Applicable to Specific Higher Education Grant Programs: In addition
to HEERF, the Department’s Office of Postsecondary Education makes thousands of grants each
year to IHEs through various programs authorized under the HEA. Section 3518 of the CARES
Act authorizes the Secretary to modify required or allowable activities for grants awarded under
the institutional support programs for HBCUs, TCCUs, MSIs, and other under resourced IHEs, as
well as under the Federal TRIO Programs and the Gaining Early Awareness and Readiness for
Undergraduate (GEAR UP) Program, at the request of the grantees. IHEs that are current grantees in these programs may request that the Secretary grant such flexibilities as a result of the qualifying emergency through at least September 30, 2022. In June 2020, the Department released FAQs on flexibilities provided in non-HEERF grant programs administered by the Office of Postsecondary Education, including flexibilities provided pursuant to section 3518 of the CARES Act. In addition, the Department has subsequently released letters on these flexibilities, one in July 2020, a follow-up letter to TRIO and GEAR UP grantees on December 2020, and a letter to grantees in the institutional service programs in December 2020. These letters provide examples of changes grantees could request, but they are not exhaustive. For example, an institution receiving funds under one of the Titles III and V programs could request that the Secretary waive the regulatory prohibition against using such funds to provide direct grants to students if doing so would assist the institution and its students during the qualifying emergency. Similarly, IHEs could request that the Secretary approve changes to their approved applications to shift funding into the provision of mental health services to students, faculty, and staff.

**Flexibilities in the Student Financial Aid Programs:**

On January 20, 2021, the Department extended the COVID-19 emergency relief measures on Department-owned federal student loans through September 30, 2021.

- The Department used the authority provided under the CARES Act to set the interest rate on all ED-owned student loans to 0% during the qualifying emergency, from March 13, 2020, through at least September 30, 2021.
- The Department has suspended loan payments from March 13, 2020, through at least September 30, 2021, on all ED-owned student loans. Individuals can opt out if they wish to continue making payments.
- The Department has stopped collections on all defaulted ED-owned student loans from March 13, 2020, through at least September 2021.

In addition, on March 30, 2021, the Department announced the expansion of the COVID-19 emergency relief measures to federal student loans made through the Federal Family Education Loan (FFEL) Program that are in default.

The Department has also provided a number of other key flexibilities to IHEs and students participating in the Federal Student Aid (FSA) programs. A few are highlighted below but IHEs are encouraged to review a comprehensive list on FSA’s website.

- Section 3508 of the CARES Act directs the Secretary to waive Return of Title IV requirements and cancel Direct Loan funds disbursed for students that withdraw as a result of COVID-19. Section 3506 of the CARES Act also provides that Pell lifetime eligibility was updated on March 21, 2021, and is available at this link: [https://www2.ed.gov/programs/gearup/index.html](https://www2.ed.gov/programs/gearup/index.html).
will not be impacted for the students who withdraw as a result of COVID-19. IHEs are not required to return Title IV funds for students who withdraw, as a result of COVID-19 circumstances, from a payment period or period of enrollment that coincides with the qualifying emergency. As of March 30, 2021, the Department has cancelled more than $440 million in Direct Loan funds and restored the equivalent of more than 100,000 semesters of Pell Grant lifetime eligibility for students who withdrew due to COVID-19. More information on this provision is available in this Electronic Announcement.

- Section 3509 of the CARES Act allows IHEs to exclude from a student’s Satisfactory Academic Progress (SAP) calculation any credits that were attempted but not completed if the institution determines that the failure to complete the credits was the result of COVID-19.

- In recognition of the fact that campus work-study opportunities are limited as a result of COVID-19, section 3503 of the CARES Act allows IHEs to transfer any unspent funds from its Federal Work-Study (FWS) allocation to its Federal Supplemental Education Opportunity Grants (FSEOG) allocation. IHEs may use FSEOG funding to make emergency financial aid grants to students for unmet financial need and to address unexpected expenses resulting from the qualified emergency.

Finally, in January 2021, the Department sent a letter reminding financial aid administrators that section 479A of the HEA gives an institution’s financial aid administrator the authority to exercise professional judgment to adjust student aid eligibility, on a case-by-case basis, to reflect a student’s special circumstance. For example, this authority allows the financial aid administrator to use documented unemployment or reduction in work to adjust the factors that determine a student’s expected family contribution. The Department continues to encourage the use of this authority during the COVID-19 pandemic and reiterates that the Department will not consider incidence of the use of professional judgment as a factor in selecting institutions for program reviews. As noted above, one of two new required uses of funds for IHEs receiving grants under the ARP (HEERF III) is to conduct outreach to financial aid applicants to notify them of the opportunity to receive a financial aid adjustment due to the recent unemployment of a parent or independent student, or other circumstance described in section 479A of the HEA.

**SNAP:** The Consolidated Appropriations Act, 2021 temporarily expanded SNAP eligibility to include any postsecondary students who meet the SNAP eligibility criteria and, in the current academic year: 1) are eligible to participate in federal or state work-study programs, as determined by the IHE or 2) have an expected family contribution (EFC) of zero. This temporary expansion will be in effect until 30 days after the qualifying emergency ends. FSA issued an electronic announcement on this issue on February 25, 2021, that provides more detail on this temporary expansion in eligibility, including information on the role of IHEs in eligibility verification. The Department also recently announced that it has designated the U.S. Department of Agriculture (USDA) as an entity that can use FAFSA data. FSA will begin emailing students with a zero EFC so that they can print that email and present it as documentation for SNAP eligibility at their state and local SNAP agencies. The Department also encourages IHEs to actively conduct outreach to students to ensure that they are aware of this temporary expansion in eligibility for SNAP benefits and to assist them with documentation of FWS eligibility.

**FCC Emergency Broadband Benefit:** The Consolidated Appropriations Act, 2021 omnibus provided $3.2 billion for the FCC to establish an Emergency Broadband Benefit program to make broadband service more affordable by providing monthly discounts to eligible households and to
provide a one-time reimbursement benefit of $100 on purchases of laptops, tables, and computers purchased through qualified providers. Under this program, eligible households can receive $50 monthly discounts on broadband service and up to $75 if the household is on tribal lands. Households can meet eligibility criteria in a number of ways, including by having one member of the household who is a Pell Grant recipient. The FCC Emergency Broadband Benefit Program launched on May 12, 2021. The Department of Education has designated the FCC as an entity that can use FAFSA data and encourages IHEs to help the FCC get the word out to their students on this important benefit that can provide financial relief to students and their families as they continue to navigate the remote learning environment. More information, including the online application, is available at https://getemergencymbroadband.org/.

**Connecting Minority Communities (CMC) Pilot Program:** The Consolidated Appropriations Act, 2021 provided $285 million for the Department of Commerce’s National Telecommunications Information Administration (NTIA) to implement the CMC Pilot Program to provide grants to HBCUs, TCCUs, and MSIs to purchase broadband internet access service or any eligible equipment, or to hire and train information technology personnel.

**FEMA Reimbursement:** FEMA’s Public Assistance (PA) program provides supplemental disaster assistance to state, local, tribal, and territorial governments and certain Private Non-Profit (PNP) organizations. PA eligibility is based on determining the eligibility of the Applicant, Facility, Work, and Costs in accordance with program authorities and policies. PNP eligibility is based both on determining Applicant eligibility and Facility eligibility based on the service provided. Claimed work and associated costs must be the legal responsibility of the Applicant, required as a result of the declared event, and within an area authorized for PA.

On January 21, 2021, the President issued the “Memorandum to Extend Federal Support to Governors’ Use of the National Guard to Respond to COVID-19 and to Increase Reimbursement and Other Assistance Provided to States,” authorizing FEMA to provide funding to PA Applicants for the measures to support safe opening and operation of eligible facilities. FEMA issued the “Coronavirus (COVID-19) Pandemic: Safe Opening and Operation Work Eligible for Public Assistance (Interim)” in April 2021, expanding eligibility for the COVID-19 disaster declarations to applicants outlined in the memorandum, including public and private non-profit IHEs. For eligible work from January 21, 2021, through September 30, 2021, FEMA is funding the entire cost of the emergency protective measures made eligible by this policy, including COVID diagnostic testing as defined by the U.S. Food and Drug Administration, temperature screening, cleaning, eligible social distancing measures, and PPE. Under the PA program, eligible IHEs may apply to become a Subrecipient and receive reimbursement for eligible work through their state, local, territorial, or tribal government that is a direct FEMA PA Recipient. Eligible IHEs applying to become Subrecipients should follow appropriate guidance from the CDC and local Public Health officials when determining what is necessary for the safe opening and operation of their facilities. More information regarding PNP Applicant eligibility under the PA program can be found at COVID-19 PNP FACT SHEET (fema.gov).